Ministry of Health

Annual Report 1981

Province of
British Columbia

Office of the Minister of Health,
Parliament Buildings, Victoria, B.C.

May 1, 1982

The Honourable HENRY P. BELL-IRVING, D.S.O., O.B.E., E.D.,
Lieutenant-Governor of the Province of British Columbia

MAY IT PLEASE YOUR HONOUR:

The Annual Report of the Ministry of Health for the calendar year of 1981 is herewith respectfully submitted.

JAMES A. NIELSEN
Minister of Health

Ministry of Health
Victoria, B.C.

May 1, 1982

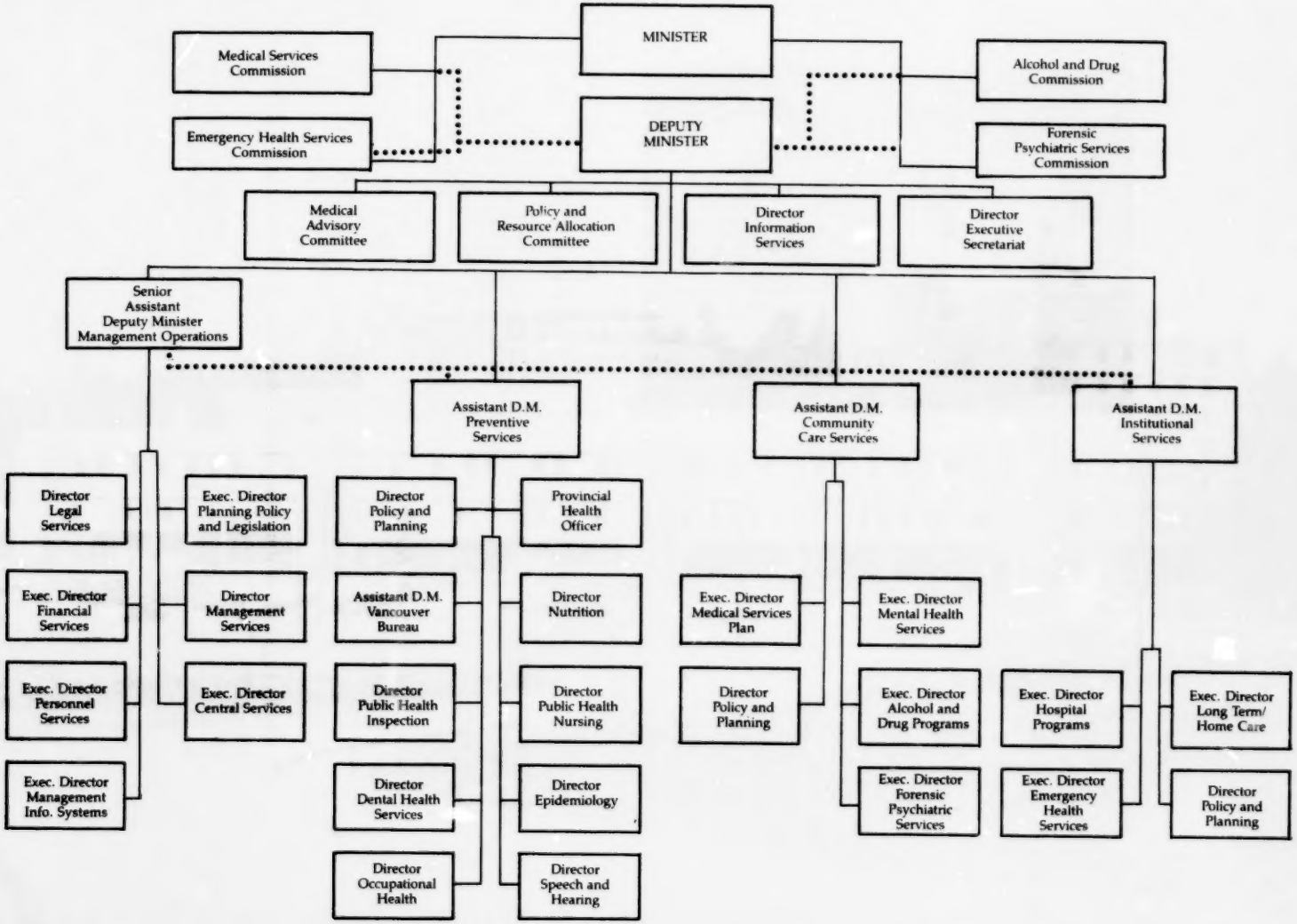
The Honourable James A. Nielsen,
Minister of Health,
Victoria, B.C.

SIR:

I have the honour to submit the Annual Report of the Ministry of Health for the calendar year 1981.

PETER BAZOWSKI
Deputy Minister of Health

Ministry Organization


MINISTER
Medical Services Commission
Emergency Health Services Commission
Alcohol and Drug Commission
Forensic Psychiatric Services Commission
DEPUTY MINISTER
Medical Advisory Committee
Policy and Resource Allocation Committee
Director Information Services
Director Executive Secretariat
Senior Assistant Deputy Minister Management Operations
Assistant D.M. Preventive Services
Assistant D.M. Community Care Services
Assistant D.M. Institutional Services
Director Legal Services
Exec. Director Financial Services
Exec. Director Personnel Services
Exec. Director Management Info. Systems
Exec. Director Planning Policy and Legislation
Director Management Services
Exec. Director Central Services
Director Policy and Planning
Assistant D.M. Vancouver Bureau
Director Public Health Inspection
Director Dental Health Services
Director Occupational Health
Provincial Health Officer
Director Nutrition
Director Public Health Nursing
Director Epidemiology
Director Speech and Hearing
Exec. Director Medical Services Plan
Director Policy and Planning
Exec. Director Mental Health Services
Exec. Director Alcohol and Drug Programs
Exec. Director Forensic Psychiatric Services
Exec. Director Hospital Programs
Exec. Director Emergency Health Services
Exec. Director Long Term/ Home Care
Director Policy and Planning

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The Year in Review

For the Ministry of Health, the year 1981/82 was marked by a major reorganization designed to streamline Ministry operations, realign programs into more appropriate groupings and improve the managerial capability of the Ministry by addressing areas such as the adequacy of management controls, management information systems and policy analysis and development.

Keys to the reorganization were the realignment of various programs into three major policy fields — Preventive Services, Community Care Services and Institutional Services, each headed by an assistant deputy minister — and the addition of a policy planning capability.

Hon. Jim Nielsen, Minister, said in announcing the changes: "By establishing three key areas of program policy, we hope to reduce the hierarchical organizational levels and give a higher visibility to lower-cost and cost-effective programs."

The year of reorganization was marked by a number of other highlights within the Ministry.

- In conjunction with the Health Labour Relations Association, the Ministry established a provincial data base, including wage, benefit and time information for all jobs covered by HLRA's certification as bargaining agent for B.C.'s hospitals. This system will provide a modelling capability to project future costs as well as the ability to monitor certain trends within the industry.
- A Policy and Resource Allocation Committee, chaired by the Deputy Minister and made up of the program Assistant Deputy Ministers, was set up to co-ordinate the Ministry's policy initiatives as well as maximize senior management input into decisions affecting the allocation of resources within the Ministry.
- A high priority in the reorganization has been the centralization of all financial activities under the Management Operations Division. The financial services mandate is comprehensive and the new organization allows the executive director to provide direction and support in all key areas of financial management control.
- An executive information system was designed and implemented providing the Minister and senior executive staff with terminal access to cost and service utilization information on the Ministry's operations. While the system currently provides access to financial data regarding hospitals, it is planned to extend the system in 1982/83 to include information on hospital capital development, Long-Term Care, grants, the Medical Services Plan, and the Dental Care Plan.
- A Medical Advisory Committee was also formed during the year. It provides advice on matters requiring a professional background, including funding proposals for new technology and innovations in health-care delivery systems.
- Twenty major hospital construction projects were either completed or had reached the final stages of construction. These included four new hospitals — including Children's and Grace in Vancouver — at a total cost of approximately $158 million.
- The largest dental health survey of children ever carried out showed that the dental health of the province's young people has steadily improved over the past 20 years.
- The Ministry's participation in the International Year of the Disabled saw the Community Vocational Rehabilitation Service assist more disabled persons on their way back to employment.
- After many months of negotiation, the 10 provinces and two territories signed reciprocal agreements to standardize the handling of out-of-province hospital in-patient claims.
- In Home Care/Long Term Care, 1,435 intermediate-care beds were opened during the year.
- New rural services initiated during the year included a health clinic at Dease Lake in northwestern B.C. In co-operation with the provincial chapter of the College of Family Physicians of Canada, the clinic will provide full-time physician services to the area.

Demographic Features

In 1981, British Columbia's population continued to grow at the same fast rate as in 1980. The province's population in 1981 was 2,744,467. That is 2.9% higher than 1980's figure of 2,667,200.

There were 3% more births in 1981 than in 1980. The birth rate stood at 15.2 per 1,000 population, compared with a rate of 15.1 in 1980. The number of illegitimate births increased by 13% in 1981. They represented 16.4% of all births in 1981, compared with 15.4% in 1980.

The marriage rate increased slightly, to 9.1 per 1,000 population.

The death rate was unchanged, continuing at the all-time low level of 7.4 per 1,000 first recorded in 1980.

The rate of death from heart disease in 1981 rose to 240 per 100,000 population from the 1980 record low of 220. There was no change in the rate of death from cancer, the second leading cause of death, with 166 deaths per 100,000 population. A slight decline occurred in the rate of deaths from cerebrovascular disease, the third leading cause. There were 66 deaths per 100,000 population from this cause in 1981, slightly below the figure of 68 for the previous year. Mortality from accidents increased in 1981, to 64 per 100,000 population compared with 59 in 1980.

More than half the accidental deaths in 1981 resulted from motor vehicle accidents, compared with 48% in 1980. In 1971 the proportion was 38% and in 1961, 31%. Falls accounted for 16% of accidental deaths in 1981, compared with 19% in 1980. Drowning accounted for 8.7% in 1981 and 8.9% in 1980. Poisonings accounted for 5% of accidental deaths in both years.

The suicide rate of 15 deaths per 100,000 population was unchanged from 1980.

The number of infant deaths per 1,000 live births was 11, the same as in 1980.

Policy and Resource Allocation Committee

The Ministry announced in July that a policy and resource allocation committee — to consider questions having major policy implications — was to be formed. It was part of the initial phase of the reorganization of the Ministry.

The committee is headed by the Deputy Minister and supported by the Ministry's Assistant Deputy Ministers and the Senior Medical Adviser.

Its role will be to investigate, review and evaluate programs and policies, taking into account needs and resource requirements.

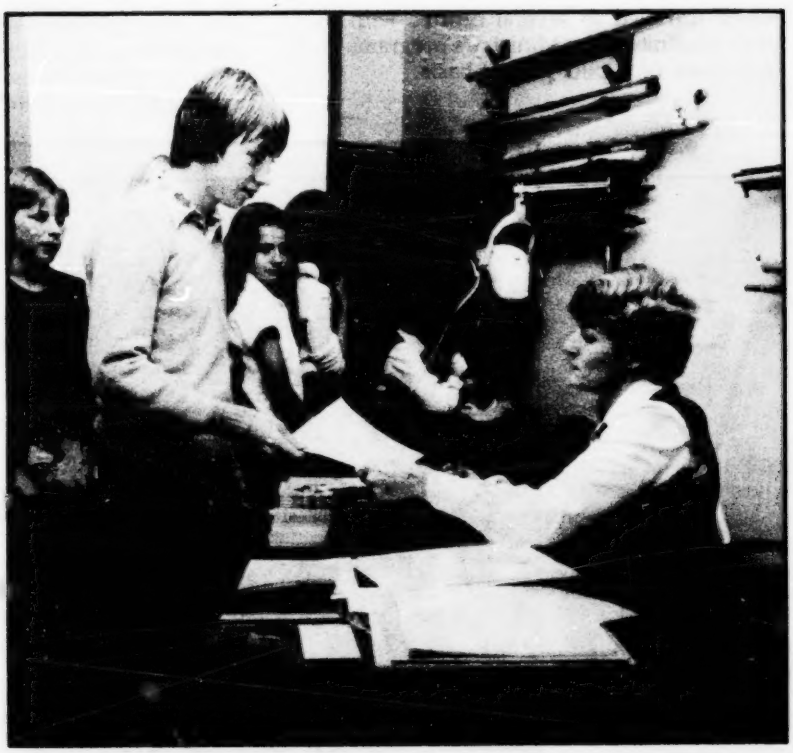
Medical Advisory Committee

Also during 1981, in April, a committee of the Ministry's senior medical staff was formed.

It provides professional opinions on matters that require a medical background. For example, it examines proposals for funding new technology; reviews Ministry budgets in terms of medical needs; and examines innovative health-care delivery systems.

The committee is also the Ministry's main vehicle of communication with physicians on all professional matters.

The Ministry's Senior Medical Adviser serves as committee chairman. The committee draws its other members from Hospital Programs, the Vancouver Bureau, the Medical Services Commission, the Forensic Psychiatric Services Commission, and Public Health Nursing.



Information Services

A heavy demand from the public and media for information on the Ministry's services continued through 1981.

The preparation of press releases, background material for speeches, supervision of audio-visual scripting and the publication of brochures, pamphlets and other printed materials were among the division's activities.

The division researched and wrote approximately 180 press releases and prepared material for 58 speeches. The complexity of many of the Ministry's programs required extensive research on most topics.

Information Services also had responsibility for the Ministry's photographic and art services, a displays unit and the Ministry's reference library.

The displays service had an unusually busy year, adding to its services a tractor-trailer unit which travelled to several centres with displays illustrating the Ministry's programs and objectives, on a pilot project basis.

Special Care Services

The Ministry continued to provide grants for a variety of community-based agencies, which in turn provide a wide spectrum of health services province-wide.

Contracts were implemented for the 1981/82 fiscal year. The Ministry negotiated the purchase of specific health services with individual agencies. In addition, performance-based budgeting was introduced for the 1982/83 application process. All agencies completed budget estimates which established an operational minimum, with increases built in on an incremental basis.

Special Care Services is also responsible for providing primary health care to isolated rural communities.

New rural services in 1981/82 included a health clinic at Dease Lake in northwestern B.C. and, in conjunction with the B.C. chapter, College of Family Physicians of Canada, the introduction of full-time physician services to that area. In addition, full-time nursing services and visiting physicians were provided to the Zeballos area on Vancouver Island's west coast.

Management Operations

Management Operations

Management Operations was formed in 1981 as part of the reorganization of the Ministry.

Headed by the Senior Assistant Deputy Minister, it consists of Financial Services, Personnel Services, Planning, Policy and Legislation, Management Services, Central Services, Management Information Systems and Legal Services.

During 1981, the Planning, Policy and Legislation Division directed, co-ordinated or was extensively involved in, for example, a hospital role study. An addendum to the original Phase I discussion paper was produced, completing Phase I. Work began on Phase II, which will develop a methodology for applying the results of the hospital role classification scheme developed in Phase I.

Other involvements of the division included: completion of the provincial study of severely handicapped children; Phase I of the provincial rehabilitation study; and pilot hospice projects in Vancouver and Victoria, including evaluation of these projects.

A high priority in the reorganization of the Ministry has been the centralization of all financial activities under the Management Operations Division.

A review of the organization of the financial services of the Ministry had concluded that a realignment of reporting relationships and a much more centralized organization structure were essential to the efficient management of the Ministry's financial resources.

The financial services mandate is comprehensive and the new organization allows the executive director to provide direction and support in all key areas of financial management and control. The division is organized into three sections: financial analysis, planning and budgets; accounting operations; and financial policy and procedures. At the same time, a number of functions of the financial offices of the various headquarter divisions were amalgamated to provide a co-ordinated support group for more effective planning, budgeting and expenditure control.

For Personnel Services, the latter part of the year was marked by a major reorganization with increased emphasis on labour relations and classification. The reorganization also saw the introduction of a regional concept for the delivery of personnel services.

Table 1 **Registrations, certificates, and other documents processed by Division of Vital Statistics, 1980 and 1981**

	1980	1981
Registrations accepted under *Vital Statistics Act*—		
Birth registrations	39,143	40,480[1]
Death registrations	19,616	21,380[1]
Marriage registrations	23,718	24,620[1]
Stillbirth registrations	294	330[1]
Adoption orders	2,176	1,690[1]
Divorce orders	9,586	9,490[1]
Delayed registrations of birth	255	210[1]
Registrations of wills notices accepted under *Wills Act*	53,750	57,702
Total registrations accepted	148,538	155,902[1]
Legitimations of birth effected under *Vital Statistics Act*	206	220
Alterations of given names effected under *Vital Statistics Act*	377	372
Change of Name applications granted under *Change of Name Act*	3,844	3,563
Materials issued by the Central Office—		
Birth certificates	96,663	89,461
Death certificates	8,443	7,626
Marriage certificates	10,684	10,273
Baptismal certificates	15	11
Change of Name certificates	3,681	2,863
Divorce certificates	243	232
Photographic copies	14,850	14,176
Wills Notice certification	13,066	13,358
Total items issued	147,645	142,155
Non-revenue searches for government ministries by the Central Officer	26,588	27,119
TOTAL REVENUE	$968,049	$1,257,850[1]

[1] Preliminary.

Preventive Services

Preventive Services

Preventive Services consists of the following programs: Public Health Inspection; Public Health Nursing; Speech and Hearing; Dental Health Services; Epidemiology; Nutrition; Occupational Health; and the Vancouver Bureau. The latter includes the Medical Supply Service; the Division of Venereal Disease Control; the Division of Tuberculosis Control; Community Vocational Rehabilitation Services; and Health Laboratory Services.

The dental health survey of children in 1980, the largest dental health research project ever carried out, showed the improvement in dental health of children in B.C. over the past 20 years.

The average number of teeth lost through extraction in 15-year-olds fell from 1.1 in 1958–60 to 0.1 in 1980.

Vision Services produced a 16 mm film, Sight-Seeing Eyes, for elementary school children.

The public health nursing project, *At Risk; Early Pregnancy Profile*, involving nutritionists and physicians, led to more effective monitoring of pregnancy outcomes. Special prenatal classes involving teenage and single mothers and others with special needs, increased by 36.7%. Perinatal deaths (infants up to seven days and stillbirths) decreased from 15 per 1,000 births in 1978 to 12.6 per 1,000 births in 1980.

The province-wide demand for hearing services resulted in the continued extension of audiology services.

The Speech and Hearing Division worked closely with the Ministries of Education, Human Resources, the federal departments of Veterans' Affairs and Health and Welfare Canada to provide standardized services.

There was a continued decline in the incidence of measles, rubella, diphtheria, and pertussis. Vaccination coverage rates improved with an over-all rate of approximately 89% assessed during Grade 1. *(Tables 2, 3)*

While the gonorrhea rate remained unacceptably high, and the division of venereal disease control has been vigilant in its control program for syphilis, several other conditions were being treated by VD clinics in 1981. These include non-gonococcal genital infections, herpes, genitalis, and two parasitic infestations—pubic lice and scabies. *(Table 4)*

In 1981, a new core program for the Nutrition Division greatly assisted in the planning, implementation, and evaluation of nutrition services. On-going programs, as well as special projects, were designed to meet specific needs of the population during the prenatal, infant, early childhood, childhood and adolescent, adult and elderly stages of life.

Nutrition Week 1981 proved to be a successful awareness program. More members of the public took part than in previous years.

As expected, 1981 was a busy year for Community Vocational Rehabilitation Services.

The International Year of The Disabled produced a dramatic increase in the number of referrals of disabled persons for vocational rehabilitation. *(Table 5)*

For example, as of November 1981, there were about 100 more disabled persons sponsored in a variety of employment preparation programs, compared with 1980.

School Health Program

Table 2

Area of activity ranked according to time spent	Percent of total time in elementary schools per student enrolled	Percent of total time in secondary schools per student enrolled
Identification and follow-up of health problems (vision, hearing and other)	45.28	28.56
Nursing support and guidance for students and families with chronic or acute health problems	27.42	34.17
Communicable disease control and immunization	15.94	15.23
Health education	6.90	12.82
Co-ordination of health services	4.46	9.22
Totals	100.00	100.00

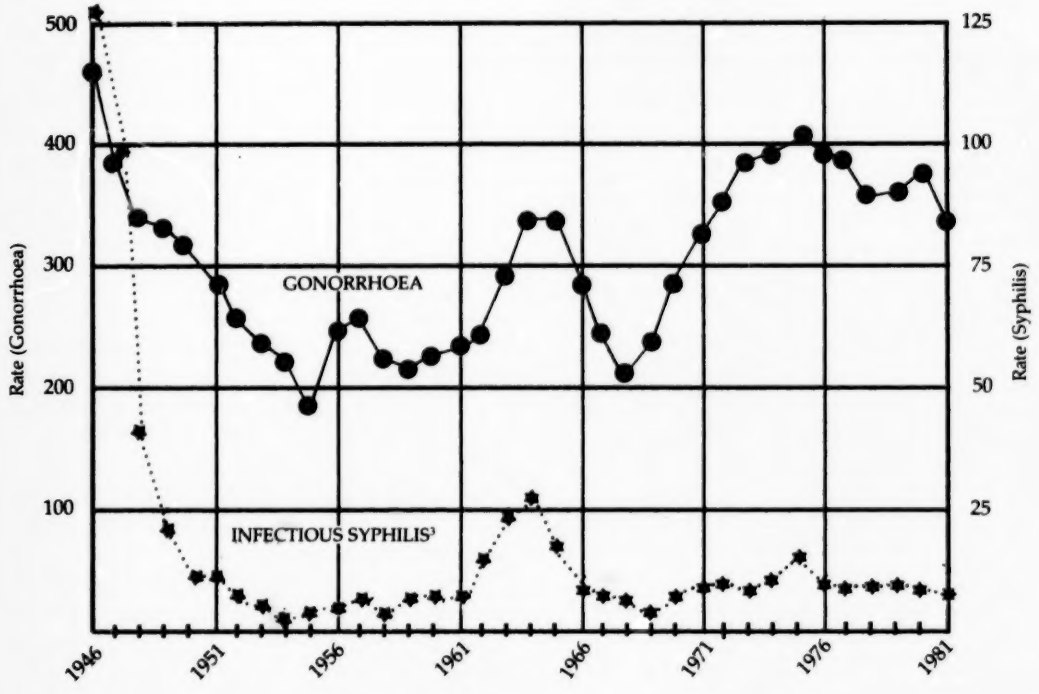
Reported Communicable Diseases, 1977–1981

Table 3 **(Rate per 100,000 population)**

	1977		1978		1979		1980		1981	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Amoebiasis	1	0.1	15	0.6	21	0.8	77	2.9	79	2.9
Bruceliosis	2	0.1	—	—	—	—	—	—	1	(1)
Diarrhoea of the newborn (E.coli)	57	2.3	35	1.4	23	0.9	29	1.1	43	1.6
Diphtheria	7	0.3	17	0.7	9	0.4	11	0.4	3	0.1
Dysentery, type unspecified	70	2.8	58	2.3	56	2.2	67	2.5	68	2.5
Food infection—										
Salmonellosis	307	12.3	908	35.9	810	31.6	857	32.5	881	32.6
Unspecified	—	—	3	0.1	—	—	29	1.1	—	—
Food intoxication—										
Staphylococcal	—	—	1	0.1	—	—	—	—	—	—
Botulism	1	0.1	—	—	—	—	—	—	—	—
Hepatitis—										
A Infectious	884	35.4	794	31.4	459	17.9	343[2]	13.–	280	10.4
B Serum	15	0.6	12	0.5	7	0.3	17	0.6	25	0.9
Leprosy	—	—	—	—	—	—	2	0.1	1	(1)
Meningitis—										
Bacterial	40	1.6	43	1.7	76	3.0	37	1.4	38	1.4
Viral	14	0.6	15	0.6	14	0.5	37	1.4	35	1.3
Pertussis	45	1.8	104	4.1	286	11.1	534	2-.3	283	10.5
Poliomyelitis	—	—	1	0.1	1	0.1	—	—	—	—
Rubella	78	3.1	90	3.6	237	9.2	102	3.9	52	1.9
Rubeola	310	12.4	129	5.1	1,801	70.2	242	9.2	50	1.9
Shigellosis	101	4.0	105	4.2	163	6.3	158[2]	6.0	265	9.8
Streptococcal throat infection and scarlet fever	539	21.6	1,297	51.3	1,784	69.5	1,808	68.6	1,252	46.4
Tetanus	1	0.1	—	—	4	0.1	—	—	—	—
Trichinosis	—	—	—	—	1	0.1	—	—	—	—
Typhoid and paratyphoid fever	9	0.4	16	0.6	18	0.7	9	0.3	13	0.5
Total	2,482	99.4	3,643	144.0	5,769	244.7	4,359	165.3	3,369	124.7

[1] Less than 0.05.
[2] Corrected figures.

Rates Per 100,000 Population of New Notifications[1] of Venereal Infection[2] 1946–1981



[1] Excludes transfers and transients.
[2] Excludes gonorrhoea epidemiological, syphilis epidemiological, and non-gonococcal urethritis.
[3] Primary, secondary, and early — latent syphilis.

Table 5 **Caseload for Community Vocational Rehabilitation Services January 1 to December 31, 1981**

Cases currently under assessment or receiving services—January 1, 1982		1,176
New cases referred to C.V.R.S. Committees in Vancouver Metropolitan Region (7 committees)	423	
New cases referred to C.V.R.S. Committees outside Vancouver Metropolitan Region (44 committees)	616	
Cases re-opened (all regions)	276	
Total new referrals considered for services January 1, 1981 to December 31, 1981 (including re-opened)		1,315
Total cases provided with service in 1981		2,491

Community Care Services:

Community Care Services comprises the Medical Services Plan (including the Dental Care Plan), Mental Health Services, Forensic Psychiatric Services, and Alcohol and Drug Programs

Medical Services Commission

Medical Services Plan

The Medical Services Plan provides prepaid medical coverage on uniform terms and conditions for all residents of the province and their dependents.

Insured services under the plan are paid for insured persons regardless of age, state of health, or financial circumstances, provided the premiums fixed by the commission are paid.

Payment for the services provided is made, according to a scale of fees approved or prescribed by the commission, or on a salaried, sessional or contract basis at levels approved by the commission.

During the year the commission continued to provide service with emphasis on prompt payment of practitioners, and improved relations with the public and health professions.

The taxable income ceiling for premium assistance was raised during the year from $1,770 to $2,740.

Effective July 1, 1981, those subscribers whose taxable income for 1980 was $1,810 or less qualified for 90% premium assistance. Those subscribers whose taxable income for 1980 was over $1,810, but not more than $2,740, will qualify for 50% premium assistance.

The total expenditure for insured benefits under the Medical Services Plan rose 16.5% to $502,670,042 in 1980/81, from $431,471,022 in 1979/80.

The increased costs to the Medical Services Plan were a result of upward revisions to the fee schedule, increased utilization of benefits, changes in the practitioner/population ratio, and increased population.

On January 1, 1981, the Dental Care Plan of British Columbia was established, under the supervision of the Medical Services Commission. During the first three months, to the end of the 1980/81 fiscal year, the plan was fully operational, with enrolment of beneficiaries and the payment of dental claims on schedule.

The plan provides coverage of basic dentistry and removable prostheses. There are no premiums.

It will pay up to $700 a year for each person in a number of categories.

The beneficiaries include some clients of the Ministry of Human Resources; people who receive premium assistance from the Medical Services Plan and their dependents; people 65 years and older who do not receive premium assistance from the Medical Services Plan; and children 14 years and younger.

Table 6 Subscriber Statistics

Registrations and persons covered[1] by premium subsidy level at March 31, 1981

Subsidy (per cent)	Subscribers	Persons
90	272,496	421,715
50	—	—
Nil	972,952	2,227,810
Total	1,245,448	2,649,525

[1] Coverage data do not include members of the Canadian Armed Forces, RCMP and inmates of Federal penitentiaries.

Table 7 Persons covered by age group at March 31, 1981

Age group	Persons
Under 1	33,647
1–4	151,654
5–14	401,088
15–24	462,370
25–44	791,553
45–64	516,384
65–69	103,412
70–79	125,802
80–89	47,514
90 and over	10,319
Unknown	5,782
	2,649,525

Table 8

Coverage by Family Size at March 31, 1981

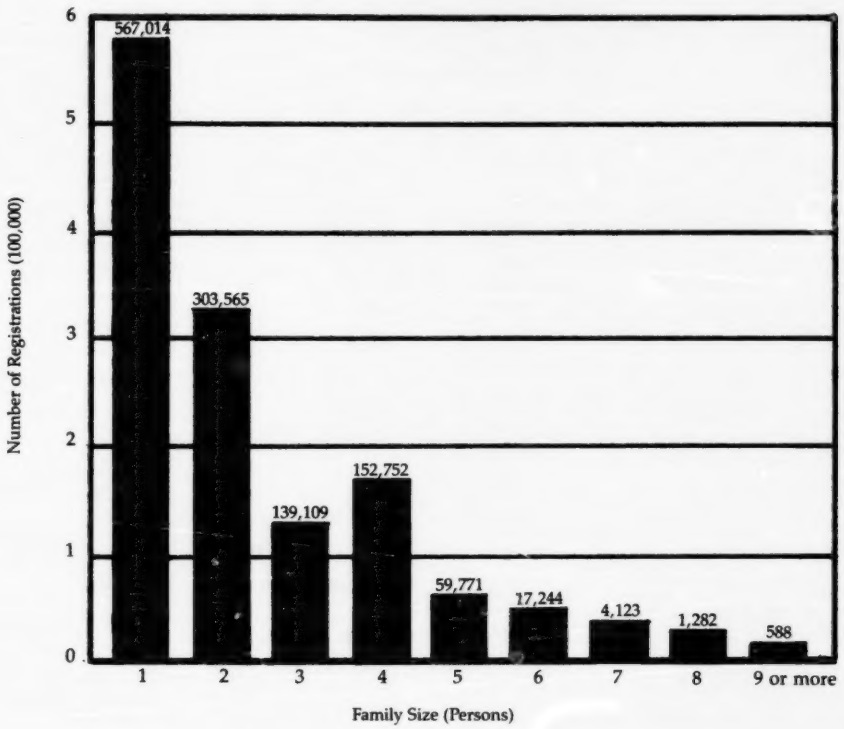
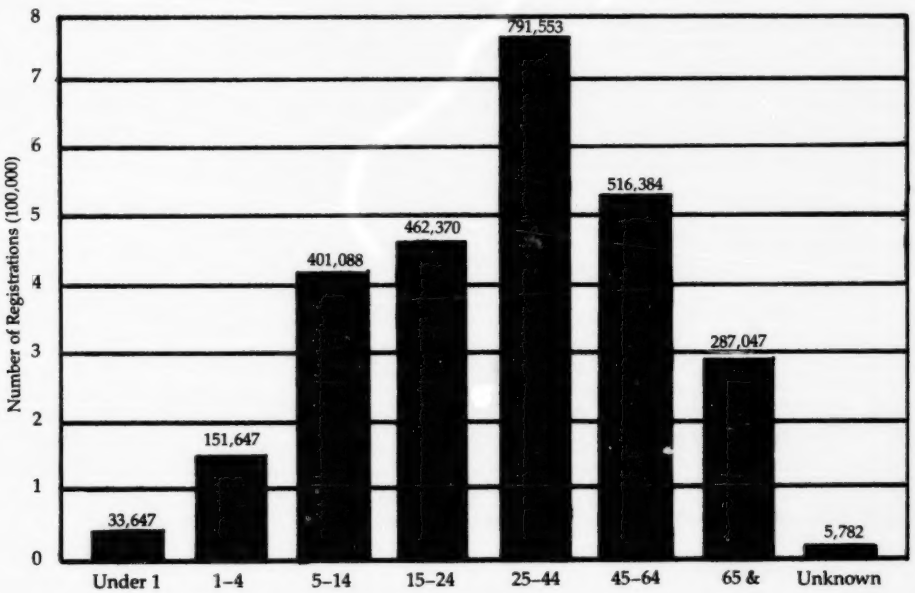


Table 9

Coverage by Age Group at March 31, 1981



Medical Services Commission

Fee-for-service Payments
Medical Practitioners and Dental Surgery in Hospital
Distribution of Fee-for-service Payments for Medical Services (Shareable)

Table 10

Specialty	AMOUNT PAID[1] 1979/80	AMOUNT PAID[1] 1980/81	PERCENTAGE OF TOTAL 1979/80	PERCENTAGE OF TOTAL 1980/81	COST PER PERSON[2] 1979/80	COST PER PERSON[2] 1980/81
General Practice	158,141,797	181,570,921	41.77	41.44	61.0929	69.0735
Dermatology	4,298,941	5,085,560	1.14	1.16	1.6608	1.9347
Neurology	3,043,580	3,679,085	.80	.84	1.1758	1.3996
Psychiatry	10,328,785	12,290,280	2.73	2.80	3.9902	4.6755
Neuropsychiatry	304,089	338,217	.08	.08	.1175	.1287
Obstetrics and Gynaecology	13,513,293	14,915,234	3.57	3.40	5.2204	5.6741
Ophthalmology	13,933,539	16,036,623	3.68	3.66	5.3828	6.1007
Otolaryngology	6,242,783	7,072,221	1.65	1.61	2.4117	2.6904
Eye, Ear, Nose, Throat	147,775	172,923	.04	.04	.0571	.0658
General Surgery	21,353,556	23,645,362	5.64	5.40	8.2492	8.9952
Neurosurgery	2,028,378	2,372,111	.54	.54	.7836	.9024
Orthopaedic Surgery	10,267,676	11,766,863	2.71	2.69	3.9666	4.4764
Plastic Surgery	2,821,731	3,160,303	.75	.72	1.0901	1.2022
Thoracic Surgery	2,404,774	2,760,411	.64	.63	.9290	1.0501
Urology	5,724,521	6,623,708	1.51	1.51	2.2115	2.5198
Paediatrics	7,687,211	8,571,490	2.03	1.96	2.9697	3.2608
Internal Medicine	25,440,626	29,836,114	6.72	6.81	9.8281	11.3503
Radiology	27,760,750	33,017,927	7.33	7.53	10.7244	12.5607
Pathology	37,725,287	47,444,889	9.96	10.83	14.5739	18.0491
Anaesthesiology	14,722,177	16,824,633	3.89	3.84	5.6874	6.4004
Physical Medicine	545,440	598,511	.14	.14	.2107	.2277
Public Health	99,686	67,280	.03	.02	.0385	.0256
Microbiology	15,575	162,751	.00	.04	.0060	.0619
Dental Surgery in Hospital	1,467,182	1,853,099	.39	.42	.5668	.7050
Osteopathy	259,830	236,904	.07	.05	.1004	.0901
Nuclear Medicine	684,686	885,573	.18	.20	.2645	.3369
Unclassified	7,595,621	7,172,032	2.01	1.64	2.9343	2.7284
TOTAL	378,559,289	438,161,025	100.00	100.00	146.2439	166.6860

[1] Includes only those payments which have been made during the respective fiscal periods.
[2] Based on insured population as at October 1, as derived from Statistics Canada Data (October 1, 1979 = 2,588,548; October 1, 1980 = 2,628,662. New population statistics received April 1, 1980.

Distribution of Medical Fee-for-service Payments and Services by Type of Service

Table 11

Type of Service	Number of Services 1979/80	Number of Services 1980/81	Amount Paid 1979/80	Amount Paid 1980/81
			$	$
General Practitioner				
Complete examination	1,078,055	1,166,743	26,210,066	29,713,903
Partial examination	5,902,427	7,956,753	70,792,448	98,214,759
Subsequent office visit	1,675,979	12,891[1]	11,376,595	177,372[1]
Night, Sunday, Holiday or emergency visit	604,699	637,221	16,289,734	17,769,342
First house visit	119,771	118,601	2,492,821	2,563,758
Subsequent house visit	46,655	44,395	760,773	750,652
Hospital visit	1,513,018	1,490,946	10,643,113	11,025,415
Subtotals	10,940,604	11,428,550	138,565,550	160,215,201
Specialists				
Consultation	981,533	1,036,243	42,947,843	50,534,367
House visit	12,598	14,157	508,702	614,477
Office visit	509,275	560,292	5,165,087	7,516,401
Hospital visit	671,237	685,004	6,944,880	7,640,766
Subtotals	2,174,643	2,295,696	55,566,512	66,306,011
Other Medical				
Anaesthesia	2,173,584	2,244,219	17,786,592	20,290,844
Obstetrics	59,459	61,364	10,461,167	11,447,487
Surgery	490,450	497,119	45,414,345	48,401,688
Special Procedures	801,200	816,627	15,713,190	18,130,734
X-ray	1,199,295	1,229,786	24,326,058	28,088,694
Laboratory	8,359,432	9,115,288	45,133,839	57,402,980
Common office procedures	1,229,612	1,211,857	8,926,498	9,156,119
Psychotherapy	207,926	224,016	8,148,875	9,528,320
Electrodiagnosis	64,978	83,822	3,557,226	5,002,345
Pulmonary function	32,788	36,236	403,099	461,598
Miscellaneous	17,071	17,405	4,556,338	3,729,004
Subtotals	14,635,795	15,537,739	184,427,227	211,639,813
TOTALS	27,751,042	29,261,985	378,559,289	438,1o1,025

[1] Fee schedule item 0107 in service code 51 as of April 1, 1980.

Additional Benefits Fee-for-service

Table 12 Distribution of fee-for-service payments for insured services, additional benefits

Type of service	Amount paid[1, 2] 1979/80	Amount paid[1, 2] 1980/81	Percentage of total 1979/80	Percentage of total 1980/81	Cost per person[3] 1979/80	Cost per person[3] 1980/81
Special nursing	710	—	.00	—	.0003	—
Victorian Order of Nursing	322	—	.00	—	.0001	—
Red Cross	4,242	—	.02	—	.0016	—
Chiropractic	9,970,672	11,905,995	42.91	43.18	3.8519	4.5293
Naturopathic	430,704	421,703	1.85	1.53	.1664	.1604
Physiotherapy (office)	4,770,381	5,928,442	20.53	21.50	1.8429	2.2553
Physiotherapy (hospital)	—	—	—	—	—	—
Orthoptic	1,926	3,310	.01	.01	.0007	.0013
Podiatry	2,497,322	2,770,107	10.75	10.05	.9648	1.0538
Optometric	5,420,004	6,412,064	23.33	23.26	2.0938	2.4393
Orthodontic	134,133	125,995	.58	.46	.0518	.0479
Unclassified	4,392	2,710	.02	.01	.0017	.0010
Totals	23,234,808	27,570,326	100.00	100.00	8.9760	10.4883

[1] Includes only those payments which have been made during the respective fiscal periods.
[2] These amounts are fee-for-service payments made under the plan only, and in no way reflect the total for the services of these practitioners.
[3] Based on insured population as at October 1, as derived from Statistics Canada Data 1979 = 2,588,548; 1980 = 2,628,662. New population statistics received April 1, 1980.

Summary of Expenditures

Table 13

1970/71 to 1980/81

	Medical Fee-for-service	Salaried and Sessional	Additional Benefits	Administration	Total
	$	$	$	$	$
1970/71	122,818,267	4,375,798	6,611,815	6,030,059	139,835,939
1971/72	127,000,505	4,788,365	5,534,520	6,567,847	143,891,237
1972/73	139,532,341	6,022,920	7,897,244	7,320,137	160,772,642
1973/74	159,614,356	7,991,062	8,963,080	8,581,794	185,150,292
1974/75	190,452,494	10,424,602	11,089,892	12,501,015	224,468,003
1975/76	250,026,093	15,437,520	15,045,516	12,659,521	293,168,650
1976/77	268,496,749	14,880,410	17,090,707	13,040,063	313,507,929
1977/78	298,900,495	17,749,957	17,436,161	13,207,188	347,293,801
1978/79	337,513,465	19,484,932	21,132,210	16,856,376	394,986,983
1979/80	384,735,825	23,200,389	23,534,808	19,883,088	451,354,110
1980/81	445,734,331	28,368,006	28,567,705	21,435,615	524,105,657

Whereas preceding statistical tables are prepared on a cash basis, the above summary is compiled on an accrual basis. Dental Care Plan costs in 1980/81: claims payments $10,843,578, administration costs $2,927,527.

Mental Health Services

Mental Health Services

During 1981 Mental Health Services continued its direct responsibility for administering Riverview Hospital, Burnaby Psychiatric Services, Integrated Services for Child and Family Development (Victoria), and the Mental Health Centres. The Delta sub-office was made a full centre, and the Maples adolescent unit was temporarily transferred to the Forensic Psychiatric Services Commission.

The Greater Vancouver Mental Health Service (GVMHS), funded completely by the Ministry, maintained a very close liaison with Mental Health Services. Other divisions of the Ministry which had a close working relationship included Hospital Programs; Long Term Care; Forensic Psychiatric Services Commission; Medical Services Commission, which pays private psychiatrists; and Preventive Services.

In housing, a vital support for many patients, an acting co-ordinator of residential services was appointed; more than 50 group home places were obtained through the Ministry of Lands, Parks and Housing; and 10 staff positions were transferred from Riverview to serve patients in the community.

At Riverview, consolidation of wards and the development of rehabilitation programs continued. The hospital received one-year accreditation from the Canadian Council on Accreditation. The Riverview Volunteer Society developed a boarding home proposal, and assisted in the implementation of the patients' council.

Programs including pre-vocational activity centres, lithium groups, and life skills groups were developed at various Mental Health Centres.

The construction of the Maples' 26 secure beds and expansion of services was continued.

Vancouver General Hospital opened a 10-bed adolescent unit; planning started on the construction of a 25-bed unit in Victoria; and a day program for adolescents was opened in Kelowna.

For staff education, the electives program provided approximately 200 workshops in mental health centres and other agencies. British Columbia hosted the western interprovincial conference on rural mental health.

Statistics showed that mental health centres, including Burnaby, saw approximately 15,390 out-patients. Burnaby admitted 334 in-patients and Riverview admitted 1,285 in-patients. Riverview's in-patient population stayed stable at about 1,100 patients. GVMHS saw approximately 3,000 patients.

Total expenditures for the service, including a grant to GVMHS, were $70,624,017.

Table 14 Patient movement trends for mental health facilities 1979–1981

MENTAL HEALTH FACILITIES	YEARLY SUM OF ENTRIES[1]		RESIDENT OR CASELOAD	
	Oct. 1979 to Sept. 1980	Oct. 1980 to Sept. 1981	End of Sept. 1980	End of Sept. 1981
All mental health facilities	12,831	13,111	19,523	21,102
Hospital programs, Riverview	1,314	1,201	1,113	1,097
Geriatric Facilities	175	145	687	527
Valleyview	98	104	452	367
Dellview	65	16	139	72
Skeenaview	12	25	96	88
Mental health services[2]	9,634	10,092	14,712	16,489
Total in-patient units	394	388	52	53
Burnaby	326	334	17	23
B.C.Y.D.C.	68	54	35	30
Total out-patients	10,948	11,377	17,671	19,425
All mental health centres	9,062	9,536	14,573	16,350
Abbotsford	354	269	341	291
Burnaby—Central	220	203	366	405
Children's	94	196	176	242
Day program	112	114	28	22
North	152	170	518	538
South	140	158	292	255
Burns Lake-Vanderhoof	42	12	46	31
Campbell River	14	91	22	60
Chilliwack	137	187	177	275
Courtenay	146	189	198	264
Cranbrook	187	209	235	224
Dawson Creek	211	164	335	267
Duncan	230	333	187	363
Fernie-Sparwood	81	6	59	12
Fort Nelson	6	81	6	39
Fort St. John	264	191	400	530
Grand Forks	97	102	87	62
Kamloops	445	345	1,117	1,288
Kelowna	341	237	438	429
Kitimat	125	134	161	198
Langley	165	209	409	423
Maple Ridge	169	208	531	536
Merritt	37	41	39	67
Nanaimo	291	333	330	493
Nelson	358	417	460	622
New Westminster	98	122	329	264
North Delta	281	184	259	349
[illegible]oos	98	85	134	218
[illegible]enticton	350	273	721	600
Port Alberni	331	469	457	803
Port Coquitlam	334	295	461	398
Port Hardy	86	92	83	171
Powell River	127	117	177	174
Prince George	97	74	374	396
Prince Rupert	141	149	38	85
Queen Charlottes	38	40	25	32
Quesnel	44	—	47	31
Saanich	234	410	233	323
Salmon Arm	112	154	109	130
Sechelt	127	124	239	284
Se Cure	73	64	87	75
Smithers	58	127	66	56
Squamish	67	65	131	159
Surrey	258	296	800	629
Terrace	148	181	161	225
Trail	244	215	505	554
Vernon	425	434	925	952
Victoria	223	357	394	528
V.I.S.C.	419	484	472	544
Whalley	208	102	344	351
Williams Lake	96	24	131	83
All community care teams	1,708	1,673	3,011	2,989
Blenheim House	42	66	78	110
Broadway Clinic	240	225	686	645
Kitsilano	188	158	256	248
Mount Pleasant	190	149	325	324
Richmond	161	165	306	324
S.A.F.E.R. (July 81)[3]	—	67	—	66
South Vancouver	147	195	247	266
Strathcona	211	203	317	338
West End	269	277	357	334
West Side	187	168	352	334
B.C.Y.D.C. (out-patient)	178	135	87	86

[1] For the residential facilities, this includes permanent transfers, admissions from the community, returns from leaves and escapes.
[2] Sub-total does not include community care teams.
[3] Month community care team commenced reporting.

Table 15 Patient movement data[1] for mental health facilities, 1981

MENTAL HEALTH FACILITIES	ENTRIES				EXITS				
	Total	Direct Admissions	Returns from leave	Permanent transfers	Total	Discharges	Leaves	Permanent transfers	Deaths
All mental health facilities	12,637	12,341	253	43	11,450	10,543	705	19	183
Hospital programs, Riverview	1,182	892	253	37	1,184	433	695	7	49
Geriatric facilities	135	135	—	—	235	100	1	—	134
Valleyview	105	105	—	—	131	52	—	—	79
Dellview	5	5	—	—	75	35	1	—	39
Skeenaview	25	25	—	—	29	13	—	—	16
Mental health services[2]	9,866	9,860	—	6	8,472	8,451	9	12	—
Total in-patients	387	381	—	6	388	367	9	12	—
Burnaby	341	336	—	5	332	312	9	11	—
B.C.Y.D.C.	46	45	—	1	56	55	—	1	—
Total out-patients	—	10,933	—	—	—	9,643	—	—	—
All mental health centres	—	9,155	—	—	—	7,955	—	—	—
Abbotsford	—	235	—	—	—	296	—	—	—
Burnaby—Central	—	193	—	—	—	160	—	—	—
Children's	—	183	—	—	—	157	—	—	—
Day program	—	109	—	—	—	113	—	—	—
North	—	195	—	—	—	144	—	—	—
South	—	151	—	—	—	233	—	—	—
Burns Lake-Vanderhoof	—	13	—	—	—	3	—	—	—
Campbell River	—	107	—	—	—	71	—	—	—
Chilliwack	—	173	—	—	—	71	—	—	—
Courtenay	—	209	—	—	—	141	—	—	—
Cranbrook	—	196	—	—	—	204	—	—	—
Dawson Creek	—	124	—	—	—	307	—	—	—
Duncan	—	324	—	—	—	155	—	—	—
Fernie-Sparwood	—	1	—	—	—	55	—	—	—
Fort Nelson	—	76	—	—	—	44	—	—	—
Fort St. John	—	173	—	—	—	59	—	—	—
Grand Forks	—	108	—	—	—	77	—	—	—
Kamloops	—	320	—	—	—	199	—	—	—
Kelowna	—	219	—	—	—	203	—	—	—
Kitimat	—	145	—	—	—	107	—	—	—
Langley	—	209	—	—	—	185	—	—	—
Maple Ridge	—	197	—	—	—	85	—	—	—
Merritt	—	31	—	—	—	1	—	—	—
Nanaimo	—	316	—	—	—	139	—	—	—
Nelson	—	445	—	—	—	252	—	—	—
New Westminster	—	131	—	—	—	121	—	—	—
North Delta	—	196	—	—	—	91	—	—	—
Osoyoos	—	81	—	—	—	1	—	—	—
Penticton	—	228	—	—	—	479	—	—	—
Port Alberni	—	423	—	—	—	119	—	—	—
Port Coquitlam	—	279	—	—	—	373	—	—	—
Port Hardy	—	85	—	—	—	3	—	—	—
Powell River	—	105	—	—	—	132	—	—	—
Prince George	—	52	—	—	—	65	—	—	—
Prince Rupert	—	159	—	—	—	133	—	—	—
Queen Charlottes	—	48	—	—	—	48	—	—	—
Quesnel	—	—	—	—	—	21	—	—	—
Saanich	—	425	—	—	—	348	—	—	—
Salmon Arm	—	195	—	—	—	171	—	—	—
Sechelt	—	125	—	—	—	96	—	—	—
Se Cure	—	51	—	—	—	81	—	—	—
Smithers	—	115	—	—	—	87	—	—	—
Squamish	—	71	—	—	—	48	—	—	—
Surrey	—	251	—	—	—	519	—	—	—
Terrace	—	181	—	—	—	100	—	—	—
Trail	—	192	—	—	—	191	—	—	—
Vernon	—	387	—	—	—	440	—	—	—
V.I.S.C.	—	321	—	—	—	201	—	—	—
Victoria	—	495	—	—	—	463	—	—	—
Whalley	—	84	—	—	—	87	—	—	—
Williams Lake	—	23	—	—	—	76	—	—	—
All community care teams	—	1,647	—	—	—	1,559	—	—	—
Blenheim House	—	63	—	—	—	29	—	—	—
Broadway Clinic	—	223	—	—	—	291	—	—	—
Kitsilano	—	149	—	—	—	160	—	—	—
Mount Pleasant	—	151	—	—	—	152	—	—	—
Richmond	—	148	—	—	—	143	—	—	—
S.A.F.E.R. (July 81)[3]	—	89	—	—	—	1	—	—	—
South Vancouver	—	177	—	—	—	177	—	—	—
Strathcona	—	197	—	—	—	180	—	—	—
West End	—	277	—	—	—	263	—	—	—
West Side	—	173	—	—	—	163	—	—	—
B.C.Y.D.C. (out-patient)	—	131	—	—	—	129	—	—	—

[1] Table compiled from actual data through September 1981 and projected for the remainder of the year. NOTE: For community care team opened in 1981, table compiled on basis of available data.

[2] Sub-total does not include community care teams.

[3] Month community care team commenced reporting.

Forensic Psychiatric Services Commission

Forensic Psychiatric Services Commission

To meet its obligations under the *Forensic Psychiatry Act*, the commission operates a 140 bed in-patient secure mental health facility; two out-patient clinics; and travelling clinics at Prince George and Kamloops.

Psychiatric assessment services are provided to provincial adult and youth detention centres and to local lock-ups in the Lower Mainland.

Consultative and educational services are offered to persons involved in the mental health and justice systems.

The secure hospital is in Coquitlam near Riverview Hospital. Men and women charged with offences are admitted by court remand order for assessment of mental disorders, for a period of up to 30 days.

Those persons whom the courts have found unfit to stand trial, or not guilty of an offence because of insanity, are admitted by court order for treatment until the pleasure of the Lieutenant Governor is made known. The hospital also accepts transfers of prisoners serving sentences in provincial correctional centres, who have been certified as mentally ill under the *Mental Health Act* of British Columbia.

During 1981, approximately 85% of all admissions were accused persons remanded for psychiatric assessment.

Mental status evaluations were completed as quickly as thoroughness allowed. Over 80% of persons assessed for fitness to stand trial were considered to meet the legal criteria. Persons admitted as unfit to stand trial accounted for 7% of admissions. An average length of stay in hospital was three months.

Court finding of "not guilty by reason of insanity" accounted for 2% of admissions, a reduction from previous years. The Canadian Criminal Code provision for detention at the pleasure of the Lieutenant Governor is for indeterminate detention. While hospitalization time for these patients is longer than required to modify the acute stage of illness, the vast majority are conditionally discharged by cabinet order to the community, under commission supervision. Adjusting to life outside the institution has always presented special problems for many of these persons, due in part to an absence of transitional housing to complement the individual's community rehabilitation program.

In 1981, the commission took possession of three homes on Riverview Hospital grounds. Seventeen patients have been transferred from hospital to these transition homes, where they are experiencing the challenges of more independent living while being guided and monitored by institute treatment staff. This was considered the most important adjunct to prevention achieved in 1981.

Changes were made to the *Mental Health Act* during the year, which directly affected the institute.

Previously, an order-in-council was required before a certified mentally ill prisoner could be transferred from prison to a mental health facility for treatment. The legislated changes provided for immediate transfer and treatment of those persons, permitting more prompt intervention in the illness.

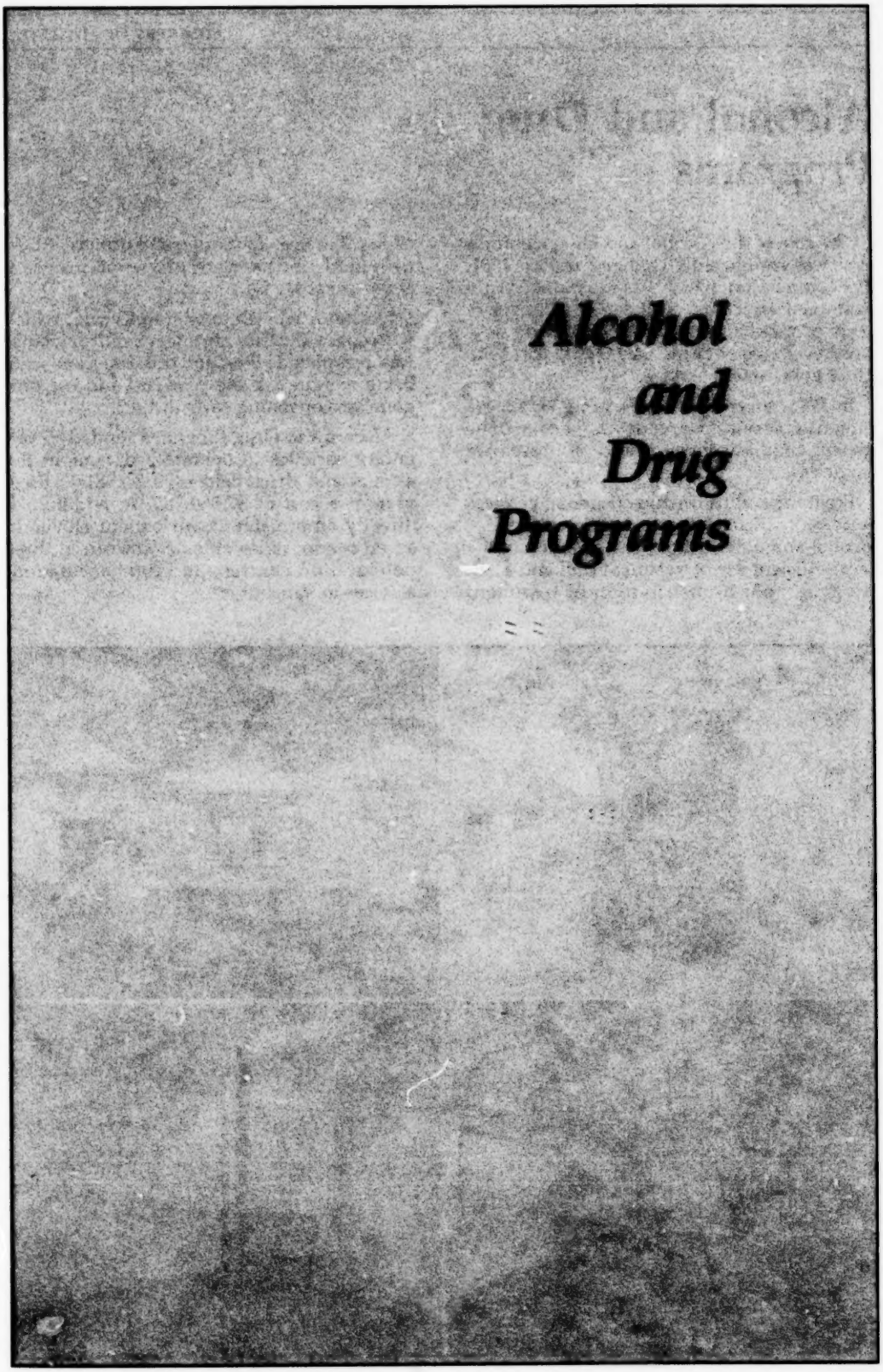
The Vancouver forensic clinic accepts court-ordered referrals of adults and juveniles; follows up the majority of persons on conditional discharge from the Forensic Psychiatric Institute; co-ordinates services to lock-ups and detention centres in the Lower Mainland; and organizes travelling clinics to the Interior.

Case activations continued to increase in 1981. Approximately 950 persons were referred by the courts, an increase of 7% over 1980.

Persons receiving counselling at year's end numbered 127. Of these, 58 were conditionally discharged persons from the institute. The rest were clients on bail, on recognizance, or probation.

The Victoria forensic clinic provides services to Vancouver Island similar to those of the clinic in Vancouver.

A highlight of activities during the year was the further implementation of psychiatric services to the Vancouver Island Regional Correctional Centre (VIRCC). Accused persons requiring a remand in custody for psychiatric assessment were seen in VIRCC by the clinic's psychiatrist, often making it necessary to escort and admit the accused, to the Forensic Psychiatric Institute, with disruption of lives and public expense.


Alcohol
and
Drug
Programs

Alcohol and Drug Programs

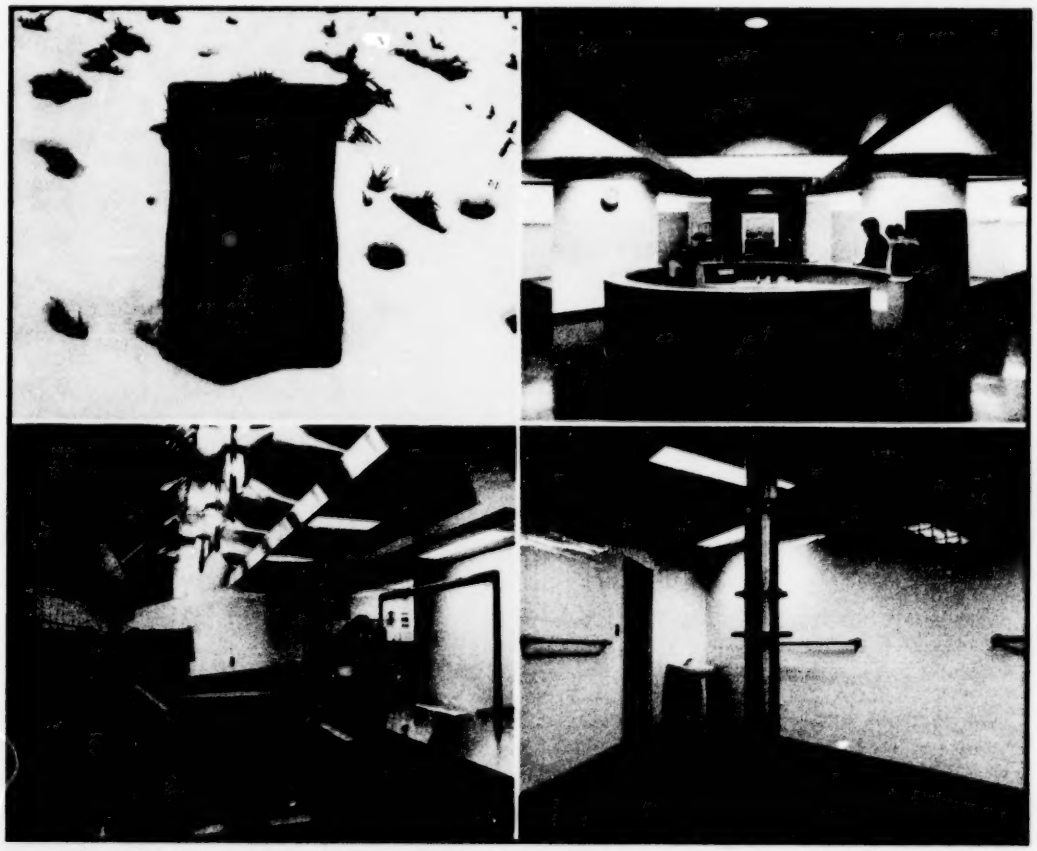
The role of the Alcohol and Drug Commission was significantly changed during 1981. The commission, which was expanded in light of its new functions, will act as an advisory body coordinating the alcohol and drug services developed over the past eight years with other government services.

In 1981, several initiatives to provide more effective service were developed, with a greater emphasis being placed on preventive services.

Program evaluation and treatment services were reorganized by integrating services for alcohol and other drugs. This resulted in the more efficient use of treatment staff and a better geographical distribution of treatment clinics. Services to more communities will be provided in the next phase of program development.

Northern Way Detoxication Centre, which will replace the City of Vancouver drunk tank, was completed. Staff for this program were being recruited at the year-end and the program was operating early in 1982.

Alcohol and Drug Programs funded 55 voluntary societies to operate programs in the alcohol and drug field in the 1981/82 fiscal year, at a cost of $7,850,785. In addition, it directly administered out-patient clinics in seven communities outside Vancouver, three detoxication centres, and four out-patient services in Vancouver.



Institutional Services:

Institutional Services consists of the Emergency Health Services Commission, Hospital Programs, and Home Care/ Long-Term Care.

Emergency Health Services Commission

Emergency Health Services Commission

While the primary concern of the commission since its inception has been to provide ambulance service throughout the province, it also has the powers and authority:

- to provide emergency health services;
- to establish, equip, and operate emergency health centres and stations in areas the commission considers advisable;
- to assist hospitals, other health institutions and agencies, municipalities and other organizations and persons in providing emergency health services, and to train personnel to provide services, and to enter into agreements or arrangements for that purpose;
- to establish or improve communications systems for emergency health services in the province;
- to make available the services of medically trained persons on a continuous, or temporary basis, to those residents of B.C. who are not, in the opinion of the commission, adequately served;
- to recruit, examine, train, register and license emergency medical assistants;
- to perform any other function related to emergency health services as the Lieutenant Governor in Council may order.

The commission is also responsible for the medical aspects of disaster planning, as well as the maintenance, inspection, replacement and storage of federal emergency medical supplies stored throughout the province.

In 1981, 10 full-time crew members were posted to Kelowna and immediately started training as an advanced life support team. Eight full-time crew members were posted to Vernon, some of whom will be trained as trauma attendants. Two full-time crew members were posted to Sidney. A second full-time crew member was added in Creston. Hazelton, Sparwood, and Port McNeill were each allocated a full-time crew member/administrator. In addition, six crew members and one dispatcher were added in the Vancouver area, which now has 228 crew positions and 18 dispatchers. New services operated by part-time personnel were opened at Cassiar, Zeballos and Peachland.

The vehicle modification depot in Victoria manufactured 31 standard ambulances and two 4-wheel drive ambulances at a substantial cost-saving per unit. They replace older, unreliable vehicles beyond maintenance.

All aspects of training ambulance crews, both full-time and part-time, are contracted to the Justice Institute of British Columbia. The utilization of training days in 1981 was 7,360 for new personnel, and 20,510 for advanced training and development of existing staff.

The areas of training included programs for emergency medical assistants, advanced life support, trauma attendants, infant transport, training community instructors, and programs for public awareness and knowledge of cardio-pulmonary resuscitation, basic life support.

In 1981 the air ambulance service continued to be extensively used to transport patients, involving 4,050 flights and 4,100 patients, an 18% increase in flights over 1980.

Road ambulance call volume of 226,034 in 1981 represented an increase of 11% over 1980.

During the year, the upgrading of ambulance stations continued for the improvement of crew and equipment accommodation.

Hospital Programs

Hospital Programs

Under the *Hospital Insurance Act,* Hospital Programs pays the cost of in-patient services at various levels of care, and the costs of certain out-patient services, including emergency treatment and day-care surgery. In addition to patient benefits, Hospital Programs also provides consulting and inspection services to the province's public hospitals and licensed private hospitals.

Hospital Programs pays at least 60 per cent of the approved net costs of major hospital construction and renovation for acute, rehabilitation and extended-care facilities built by public hospitals and other non-profit organizations. It also provides grants for the purchase of hospital equipment.

In Hospital Programs during 1981, 20 major hospital projects were completed, or had reached the final stages of construction, including four new hospitals, at a total cost of approximately $158 million.

The largest of these new hospitals were the new Children's and Grace Hospitals in Vancouver, designed to provide a total of 200 pediatric and 122 obstetrical beds respectively. The total cost of this combined project, including the provision of teaching facilities was originally funded under the Ministry of Education but was subsequently handled by the Ministry of Universities, Science and Communication. The two hospitals, while keeping their separate identities, will share many service facilities with each other and the adjacent Shaughnessy Hospital.

The other two new facilities were quite distinctive. One was a new unit built in Burnaby, which combined 40 extended-care beds with 40 beds for intermediate care, each unit using common lounge, dining and activity areas, under one management. The other was the New Denver Health Centre, built adjacent to an intermediate-care unit called the Pavilion. The health centre, besides providing diagnostic and treatment facilities, contains 10 beds which can be used for short-term acute or extended-care patients, depending on need.

Substantial progress was made on a new and enlarged emergency department and a 27-bed coronary care unit at Vancouver General Hospital, as part of the new Laurel Street complex. Besides providing a major emergency and crisis centre, the Emergency Department also provides teaching and clinical research facilities, in cooperation with the University of British Columbia. The opening of these facilities is expected in 1982.

During 1981, after many months of negotiations, the 10 provinces and two territories agreed to enter into agreements for the reciprocal processing of out-of-province hospital in-patient claims. The new process will relieve hospitals from having to deal with the hospital plans in other jurisdictions. Instead, each provincial or territorial plan will include in operating payments to their hospitals, the cost of care for qualified beneficiaries from other areas of Canada, and the host plan will recover their costs by direct bulk billings to the other plans. The new process began in British Columbia on October 1, 1981, and it is expected that all participants will benefit through the reduction in individual billings.

Patients separated and proportion covered by Hospital Programs, British Columbia public general hospitals[1] only (excluding federal, private, extended care and out-of-province hospitalization), 1976–1981/82. Table 16

	Total hospitalized in public hospitals			Covered by hospital programs		
	Adults and children	Newborn	Total	Adults and children	Newborn	Total
Patients separated:						
1976	408,278	36,117	444,395	390,641	35,292	425,933
1977	406,180	36,980	443,160	386,872	36,119	422,991
1978/79	408,606	37,938	446,544	389,922	37,293	427,215
1979/80[1]	410,648	39,880	450,528	390,513	39,125	429,638
1980/81[2]	409,216	41,514	451,252	389,573	40,767	430,340
1981/82[3]	423,394	43,198	466,592	402,139	42,515	444,654
Percentage of total patients separated:						
1976	—	—	—	95.7	97.7	95.8
1977	—	—	—	95.2	97.7	95.4
1978/79	—	—	—	95.4	98.3	95.7
1979/80[1]	—	—	—	95.1	98.1	95.4
1980/81[2]	—	—	—	95.2	98.2	95.2
1981/82[3]	—	—	—	94.9	98.4	95.3

[1] Includes rehabilitation and long term care statistics.
[2] Amended as per final report received from hospitals.
[3] Latest 1981/82 hospital reports available.

Total patient days and proportion covered by Hospital Programs, British Columbia public general hospitals[1] only (excluding federal, private, extended care and out-of-province hospitalization), 1976–1981/82. Table 17

	Total hospitalized in public hospitals			Covered by hospital programs		
	Adults and children	Newborn	Total	Adults and children	Newborn	Total
Patient days						
1976	3,488,179	207,316	3,695,495	3,343,172	201,111	3,544,283
1977	3,473,838	208,574	3,682,412	3,337,330	202,751	3,540,081
1978/79	3,565,659	208,969	3,744,659	3,428,709	203,299	3,632,008
1979/80[1]	3,603,701	232,226	3,835,927	3,460,477	225,992	3,686,469
1980/81[2]	3,648,247	234,094	3,881,341	3,505,965	228,476	3,734,441
1981/82[3]	3,741,171	236,522	3,977,693	3,614,613	230,949	3,845,562
Percentage of total patient days						
1976	—	—	—	95.8	97.0	95.9
1977	—	—	—	96.1	97.2	96.1
1978/79	—	—	—	96.2	97.3	96.2
1979/80[1]	—	—	—	96.0	97.3	96.1
1980/81[2]	—	—	—	96.1	97.6	96.2
1981/82[3]	—	—	—	96.6	97.6	96.7

[1] Includes rehabilitation and long term care statistics.
[2] Amended as per final report received from hospitals.
[3] Estimated, based on latest 1981/82 hospital reports available.

Table 18

Patients separated, total patient-days, and average length of stay according to type and location of hospital for Hospital Programs patients only, and days of care per 1,000 of covered population, 1976–1981/82

	Total (excluding extended care)		B.C. public hospitals		Other B.C. hospitals including federal and private		Institutions outside British Columbia		Extended care hospitals
	Adults and children	Newborn	Adults and children	Newborn	Adults and children	Newborn	Adults and children	Newborn	
Patients separated—									
1976	400,675	35,832	390,641	35,292	475	80	9,559	460	3,592
1977	394,727	36,496	386,872	36,119	350	65	7,505	312	4,026
1978/79	397,273	37,636	389,922	37,293	213	31	7,138	312	3,483
1979/80	398,457	39,516	390,513	39,125	256	24	7,688	367	3,553
1980/81[1]	396,753	41,124	389,573	40,767	519	59	6,661	298	3,680
1981/82[2]	408,514	42,877	402,139	42,515	500[3]	50[3]	5,875	312	3,675
Patient days—									
1976	3,424,979	204,156	3,343,172	201,111	1,647	390	80,160	2,655	1,498,797
1977	3,397,729	205,059	3,337,330	202,751	1,615	250	60,784	2,058	1,734,227
1978/79	3,488,887	205,431	3,428,709	203,299	718	130	59,460	2,002	1,841,089
1979/80	3,521,692	228,587	3,460,377	225,992	892	94	60,323	2,501	1,886,567
1980/81[1]	3,558,391	230,739	3,505,965	228,476	1,795	279	50,631	1,984	1,963,022
1981/82[2]	3,663,074	233,233	3,614,613	230,949	1,700[3]	235[3]	46,761	2,049	1,960,700
Average days of stay—									
1976	8.55	5.70	8.56	5.70	3.47	4.88	8.39	5.77	417.26
1977	8.61	5.62	8.63	5.61	4.61	3.85	8.10	6.60	430.76
1978/79	8.78	5.46	8.79	5.45	3.37	4.19	8.33	6.42	528.59
1979/80	8.83	5.78	8.86	5.78	3.48	3.92	7.85	6.81	530.98
1980/81[1]	8.97	5.61	9.00	5.60	3.46	4.73	7.60	6.66	533.43
1981/82[2]	8,97	5.44	8.99	5.43	3.40	4.70	7.96	6.57	533.52

[1] Amended as per final report from hospitals.

[2] Estimated, based on latest 1981/82 hospital reports. Estimated patient-days (including new-born) per 1,000 of population covered by hospital programs: 1976—1,474; 1977—1,432; 1978/79—1,460; 1979/80—1,459; 1980/81—1,350; 1981/82—1,337 (because the armed forces, Royal Canadian Mounted Police, and some other groups are not insured under the Provincial Plan, the actual incidence of days would be somewhat higher than shown). In addition, estimated patient-days per 1,000 population for extended care amounted to 603 in 1976, 639 in 1977, 728 in 1978/79, 734 in 1979/80, 745 in 1980/81, and 756 in 1981/82. Population figures according to latest census figures.

[3] Including hospitals at Cassiar, Holberg and Masset.

Patients separated, total days' stay and average length of stay in British Columbia public hospitals for Hospital Programs patients only, grouped according to bed capacity, 1981/82[1] (excluding extended care hospitals).

Table 19

	Total	Bed capacity 250 & over	100 to 249	50 to 99	25 to 49	Under 25
Patients separated						
Adults and children	402,139	202,476	133,229	36,675	19,183	10,576
Newborn	42,515	20,641	16,185	2,903	1,717	1,069
Patient days						
Adults and children	3,614,613	1,982,615	1,168,966	266,397	136,632	60,003
Newborn	230,949	124,227	83,511	11,572	7,390	4,249
Average days' stay						
Adults and children	8.99	9.79	8.77	7.26	7.12	5.67
Newborn	5.43	6.02	5.16	3.99	4.30	3.97

[1] Estimated, based on latest available hospital reports for 1981/82.

Percentage distribution of patients separated and patient-days for Hospital Programs patients only, in British Columbia public hospitals, grouped according to bed capacity, 1981/82[1] (excluding extended care hospitals).

Table 20

	Total	Bed capacity 250 & over	100 to 249	50 to 99	25 to 49	Under 25
	Per cent	Per cent	Per cent	Per cent	Per cent	Per cent
Patients separated						
Adults and children	100.0	50.35	33.13	9.12	4.77	2.63
Newborn	100.0	48.55	38.07	6.83	4.04	2.51
Patient days						
Adults and children	100.0	54.85	32.34	7.37	3.78	1.66
Newborn	100.0	53.79	36.16	5.01	3.20	1.84

[1] Estimated, based on latest available hospital reports for 1981/82.

Summary of the number of Hospital Programs in-patients and out-patients 1976–1981/82

Table 21

	Total adults Children and newborn in-patients	Estimated number of emergency minor surgery day care and out-patients	Total receiving benefits
1976	440,099	1,228,723	1,668,822
1977	435,249	1,303,679	1,738,928
1978/79	438,392	1,464,799	1,903,191
1979/80	441,526	1,678,768	2,120,294
1980/81[1]	441,557	1,931,548	2,373,105
1981/82[2]	455,066	1,933,027	2,388,093

[1] Amended as per final report received from hospitals.
[2] Estimated, based on latest available hospital reports for 1981/82.

Summary of Hospital Programs out-patient treatments, by category 1976–1981/82

Table 22

	1976	1977	1978/79	1979/80	1980/81	1981/82[3]
Psychiatry						
Out-patient	22,352	23,974	26,222	24,481	29,972	34,800
Day care	40,392	46,323	53,725	57,209	63,529	66,948
Minor and emergency	542,223	575,000	645,634	814,317	1,019,628	934,800
Day care surgery	66,663	76,405	82,979	89,312	93,445	100,862
Diabetic day care	3,426	4,126	4,515	4,949	6,595	8,670
Physiotherapy	368,867	387,993	454,697	484,110	507,233	572,176
Dietetic counselling	10,218	12,942	18,189	22,077	23,649	27,525
Renal dialysis day care[1]	10,481	18,351	19,717	20,253	22,177	21,006
Other[2]	164,101	158,565	159,121	162,060	165,320	166,240
TOTALS	1,228,723	1,303,679	1,464,799	1,678,768	1,931,548	1,933,027

[1] Commenced June 1, 1976.
[2] Other includes (a) cancer out-patients and (b) rehabilitiation day care.
[3] Estimated.

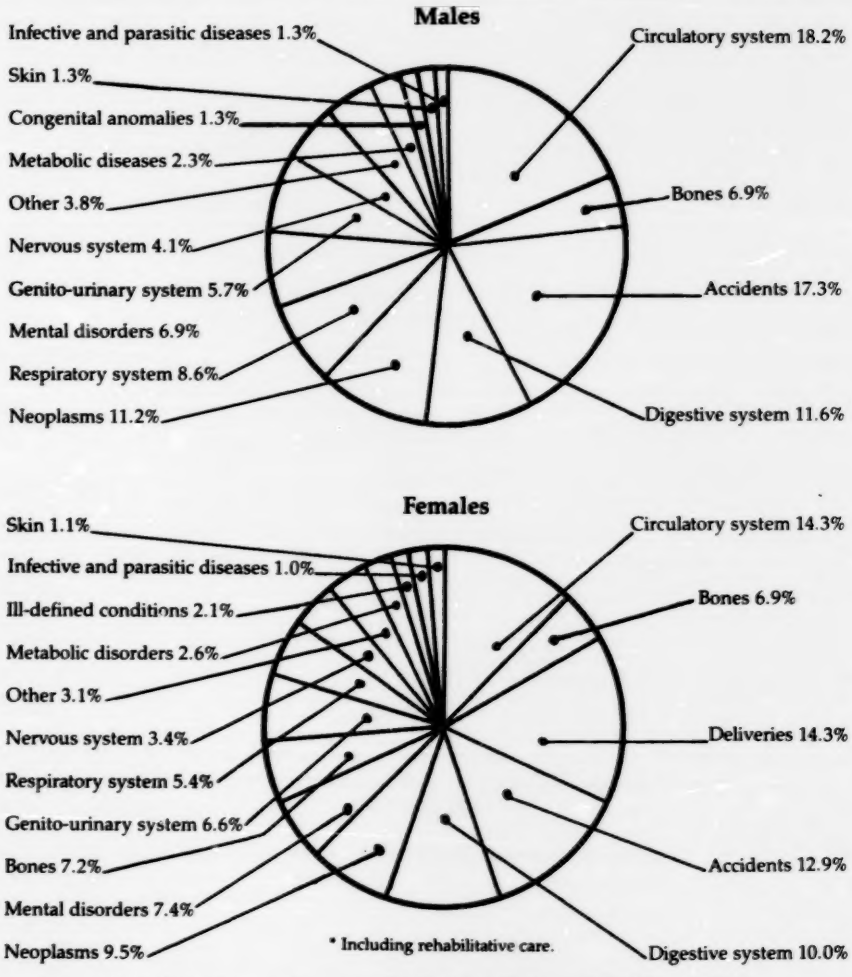
Charts

The statistical data shown in the following charts prepared by the Research Division are derived from admission/separation forms submitted to Hospital Programs. Note that the figures given are for fiscal year 1980/81.

Readers interested in the more detailed statistics of hospitalization in British Columbia may wish to refer to Statistics of Hospital Cases Discharged During 1980/81 and Statistics of Hospitalized Accident Cases, 1980/81, available from the Research Division.

Percentage distribution of days of care* by major diagnostic groups, Hospital Programs, 1980/81

Table 23



* Including rehabilitative care.

Administration and payments to hospitals — 1977/78–1981/82

Table 24

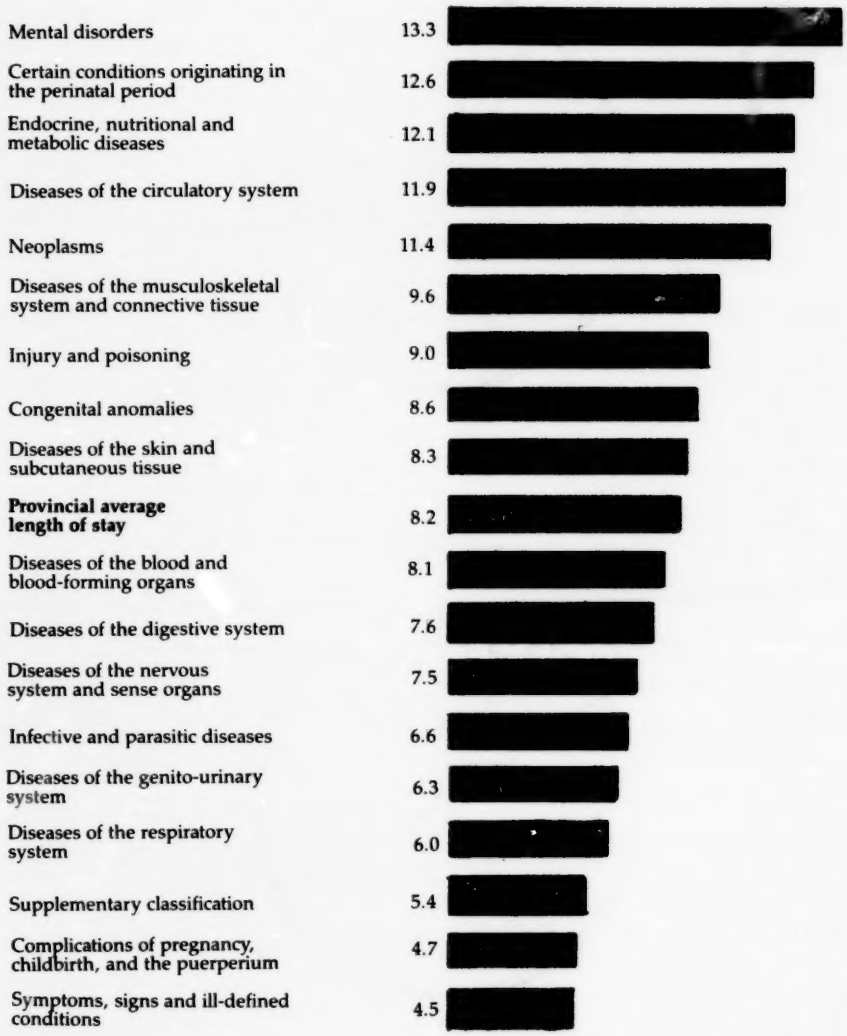
	1977–78	1978–79	1979–80	1980–81	1981–82
	$	$	$	$	$
Administration	3,856,217	4,237,158	4,459,302	5,317,086	7,256,765
Grants to hosptials	573,896,901	627,145,613	696,184,526	959,961,923	1,078,601,170[1]
Total	577,753,118	631,382,771	700,643,828	965,279,009	1,085,857,935[2]

[1] Also includes special warrant for $42,682,000.

[2] Source: Estimate of Revenue and Expenditure, Fiscal Year Ending March 31, 1982.

Average length of stay of cases* in hospitals in British Columbia, by major diagnostic groups in descending order, 1980/81 (excluding newborns)

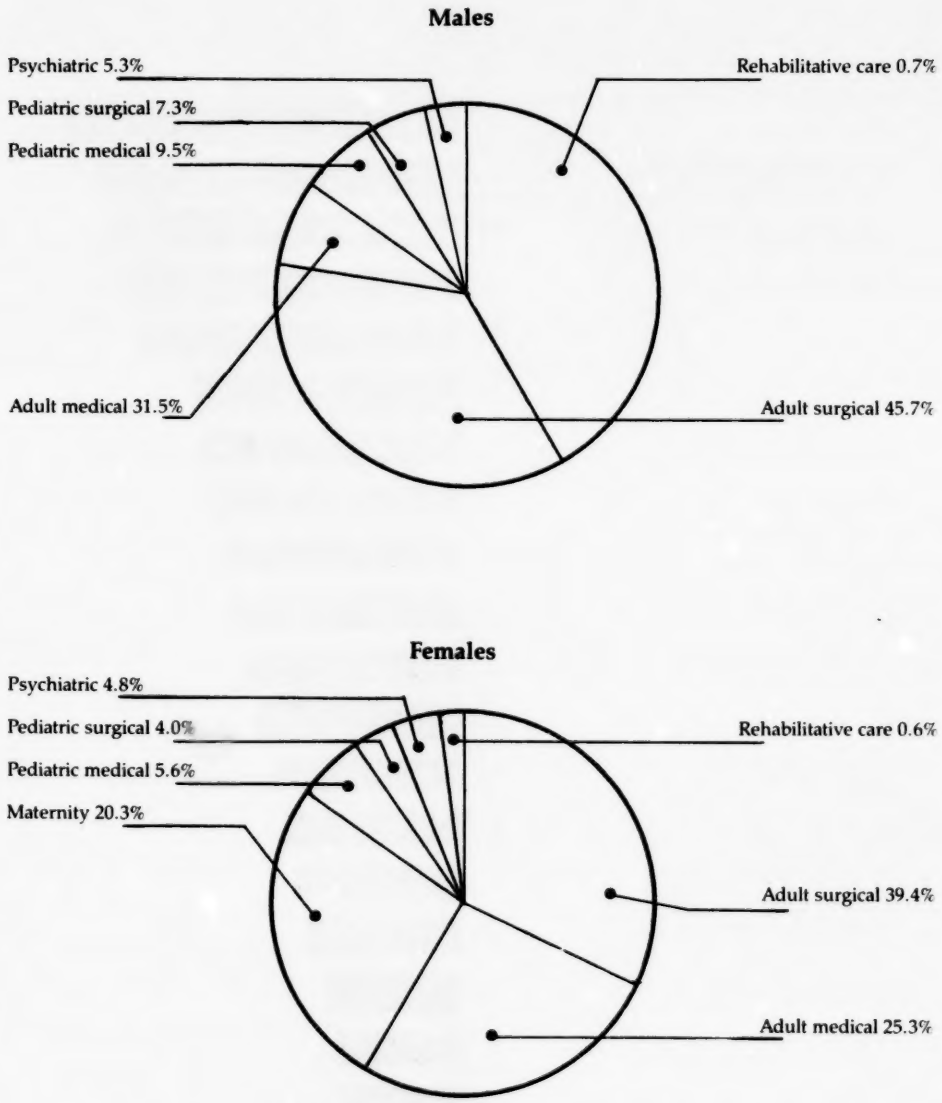
Table 25


Mental disorders 13.3
Certain conditions originating in the perinatal period 12.6
Endocrine, nutritional and metabolic diseases 12.1
Diseases of the circulatory system 11.9
Neoplasms 11.4
Diseases of the musculoskeletal system and connective tissue 9.6
Injury and poisoning 9.0
Congenital anomalies 8.6
Diseases of the skin and subcutaneous tissue 8.3
Provincial average length of stay 8.2
Diseases of the blood and blood-forming organs 8.1
Diseases of the digestive system 7.6
Diseases of the nervous system and sense organs 7.5
Infective and parasitic diseases 6.6
Diseases of the genito-urinary system 6.3
Diseases of the respiratory system 6.0
Supplementary classification 5.4
Complications of pregnancy, childbirth, and the puerperium 4.7
Symptoms, signs and ill-defined conditions 4.5

* Including rehabilitative care.

Percentage distribution of hospital cases* by type of clinical service, Hospital Programs, 1980/81

Table 26

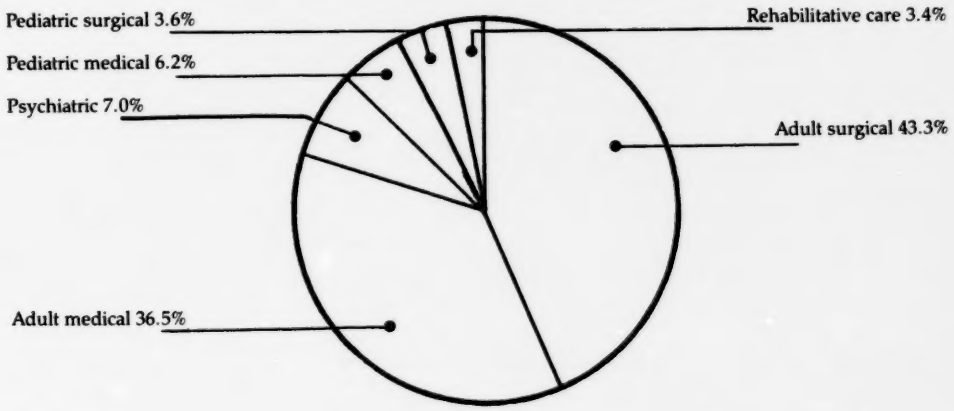


* Including rehabilitative care.

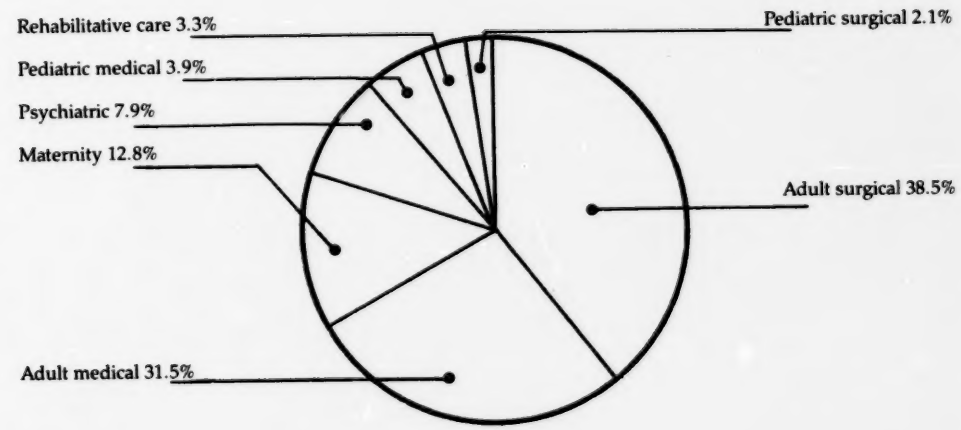
Percentage distribution of hospital days* by type of clinical service, Hospital Programs, 1980/81

Table 27

Males



Females



* Including rehabilitative care.

Home Care/ Long-Term Care

Home Care/ Long-Term Care

The Long-term Care program provides in-home and institutional care to persons who can no longer function independently as the result of health-related problems.

Home support services include homemaker services, community physiotherapy, home care nursing services, and adult day care.

Residential care is provided in community care facilities, mental health boarding homes, licensed private hospitals, family care homes, group homes for independent living, and government institutions.

During 1981 a review of the level of homemaker hours purchased was undertaken throughout the province to keep expenditures within approved budget limits.

This review was initiated to identify and eliminate those services which fall outside service boundaries felt appropriate for homemakers, and which would not affect the care requirements of those receiving services. This review was successful in maintaining the overall number of services and clients within budgetary allocations.

An internal working committee within the Long-term Care program initiated and drafted revised facility standards, which would ensure a minimum standard of care throughout all facilities in the province. Work was continuing on a final draft of these standards, which could then be implemented in the next fiscal year.

Preliminary discussions for a revised funding system were initiated between the Ministry and the B.C. Association of Private Care Facilities (PRICARE). Although the details of a revised system were not finalized, it is anticipated that such a system could be implemented in the next fiscal year.

An outside consultant was retained to conduct a feasibility study on the needs of the behaviourally-disturbed elderly. A proposal was then developed for the establishment of short stay assessment and treatment centres and special care units for the specific needs of the psychiogeriatric or behaviourally-disturbed elderly. This proposal was being reviewed by senior Ministry staff at year-end.

Since January 1980, the construction of an additional 2,600 intermediate-care beds was approved, with 1,435 opening in 1981. Also, an additional 12 adult day centres were opened in 1981.

Long-Term Care Program services provided

Table 28

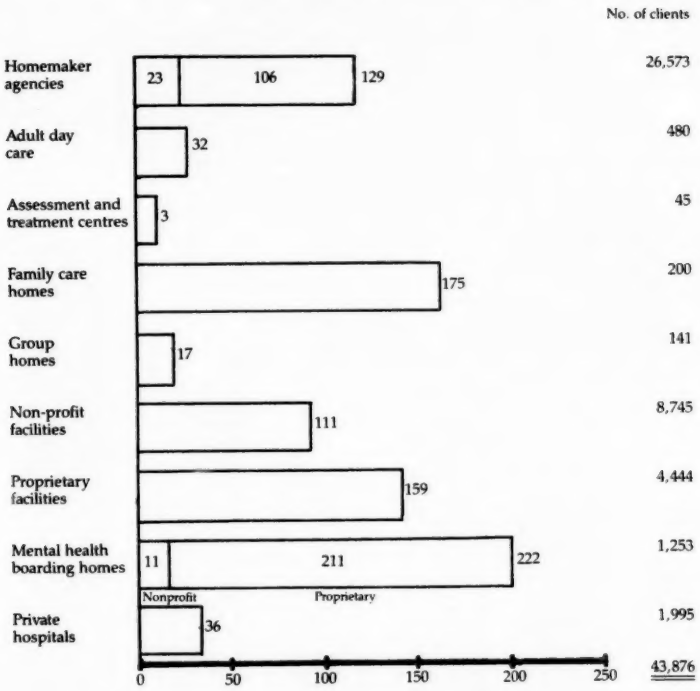
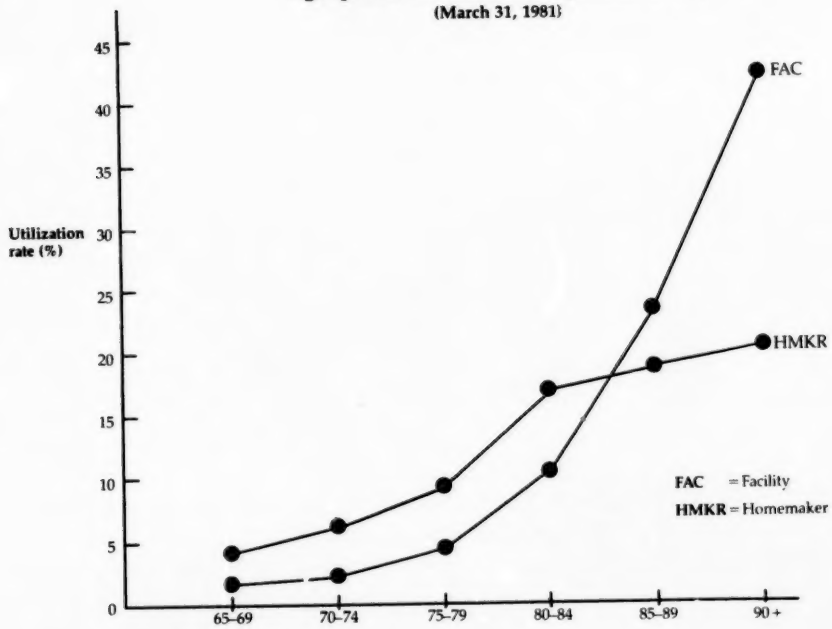


Table 29

Age-specific utilization rates by source of care

(March 31, 1981)



Average utilization over 65:

Facility clients (includes extended care)	6.6%
Homemaker services	7.7%

Table 30

Number of Long-Term Care clients
November 1979–September 1981

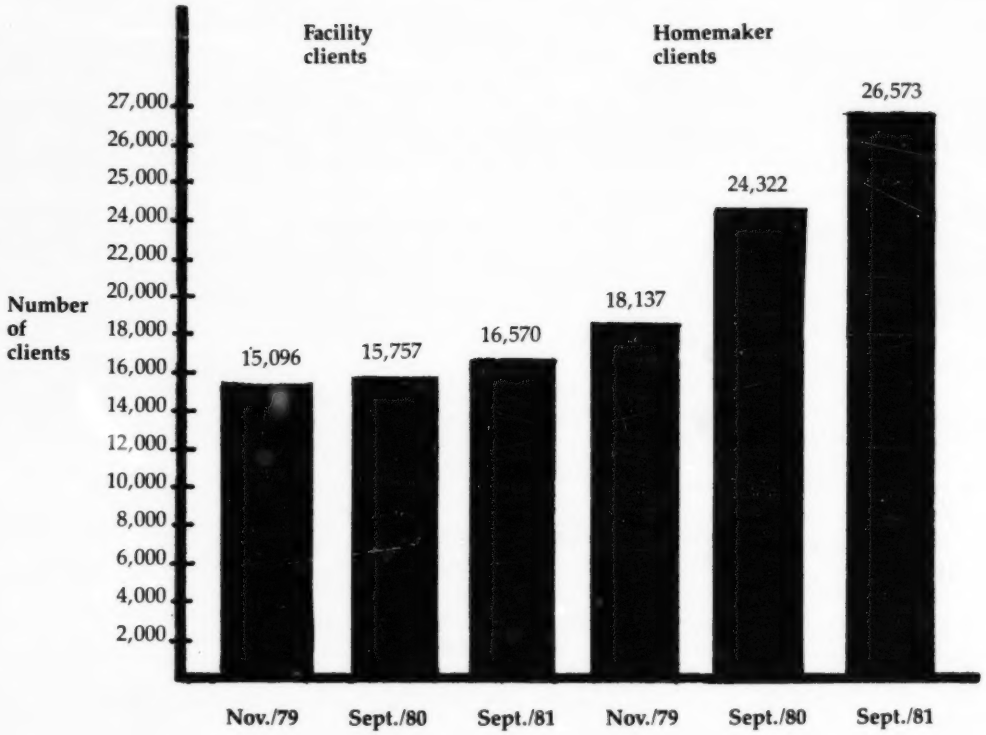


Table 31

Number of Long-Term Care clients

	Facilities			Homemaker		
	Nov./79	Sept./80	Sept./81	Nov./79	Sept./80	Sept./81
Personal care	5,391	5,057	4,573	10,811	14,231	15,394
Intermediate care I	3,975	4,218	4,734	3,531	5,035	5,924
Intermediate care II	2,656	3,047	3,485	2,038	2,843	2,997
Intermediate care III	2,029	2,423	2,739	823	1,081	1,151
Extended care	1,045[1]	1,012[1]	1,039[1]	934	1,132	1,107
Total	15,096	15,757	16,570	18,137[2]	24,322[2]	26,573[2]

[1] Does not include extended care clients in public extended care units.
[2] Figures refer to clients approved for service. This may be 10–15% higher than the figure for clients actually receiving service.

Table 32

Facility utilization rates for persons 65 and over

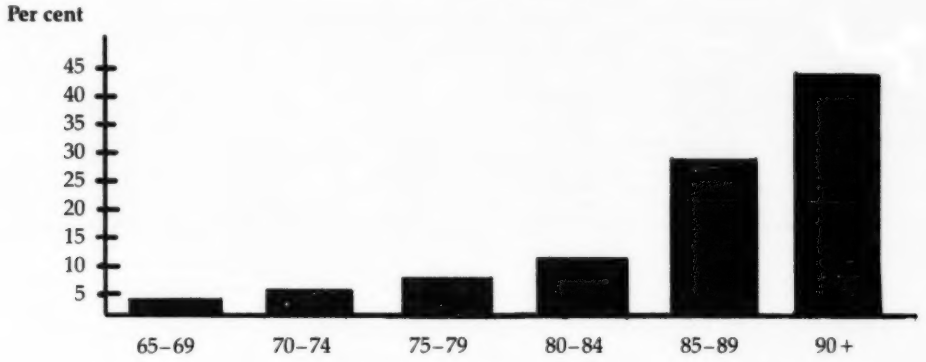


Table 33

Facility utilization rates for persons 65 and over (figures are percentages of the general population)

	65–69	70–74	75–79	80–84	85–89	90+
Capital Regional District	0.83%	1.82	4.08	8.98	18.42	41.25
Greater Vancouver Regional District	1.36%	2.50	5.30	11.63	20.66	40.71
Remainder of British Columbia	0.93%	1.94	4.86	12.21	23.72	40.75
Provincial Average	1.12%	2.18	4.96	11.37	21.20	40.81

Table 34

Homemaker utilization rates for persons 65 and over

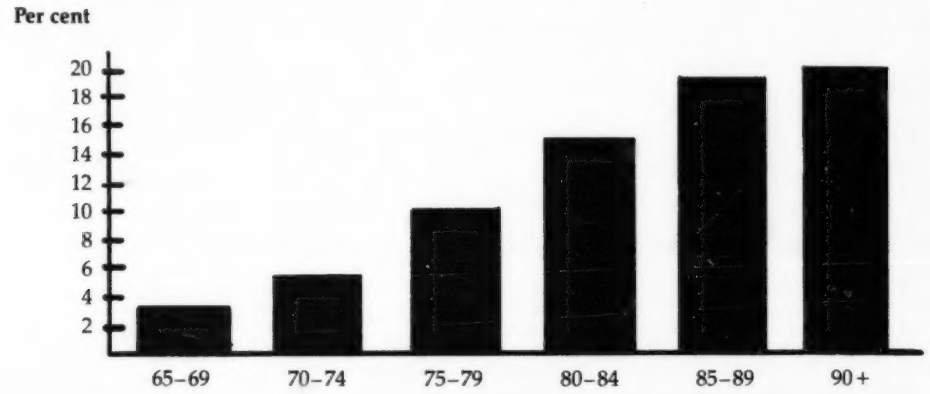


Table 35

Homemaker utilization rates for persons 65 and over (figures are percentages of the general population)

	65–69	70–74	75–79	80–84	85–89	90+
Capital Regional District	1.62%	3.27	6.34	11.24	17.76	18.59
Greater Vancouver Regional District	2.88%	5.63	9.44	14.45	16.59	18.24
Remainder of British Columbia	3.23%	6.44	12.14	18.29	21.52	20.78
Provincial Average	2.86%	5.63	9.96	15.16	18.30	19.05

Composition of the provincial facility population by care level

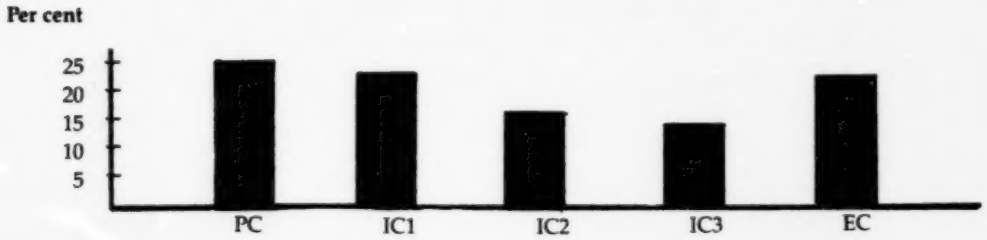


Table 37

Composition of the provincial facility population by care level (rows total 100%) (includes extended care units)

	PC	IC1	IC2	IC3	EC
Under 65	30.0%	25.0	17.1	14.5	13.4
65–69	26.2%	23.9	17.6	14.5	17.8
70–74	25.1%	24.0	16.7	14.0	20.2
80–84	25.2%	23.6	16.8	12.8	21.6
85–89	25.2%	21.0	16.9	11.6	25.3
90+	18.0%	21.0	16.0	13.0	32.0
All clients	**24.5**	**22.6**	**16.8**	**13.2**	**22.9**

Table 38

Composition of the provincial Homemaker population by age group and care level

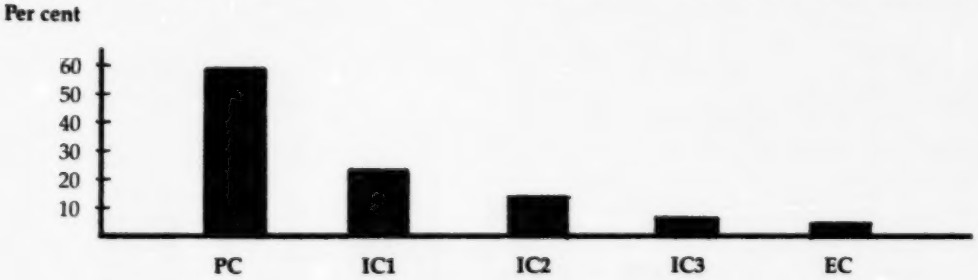


Table 39

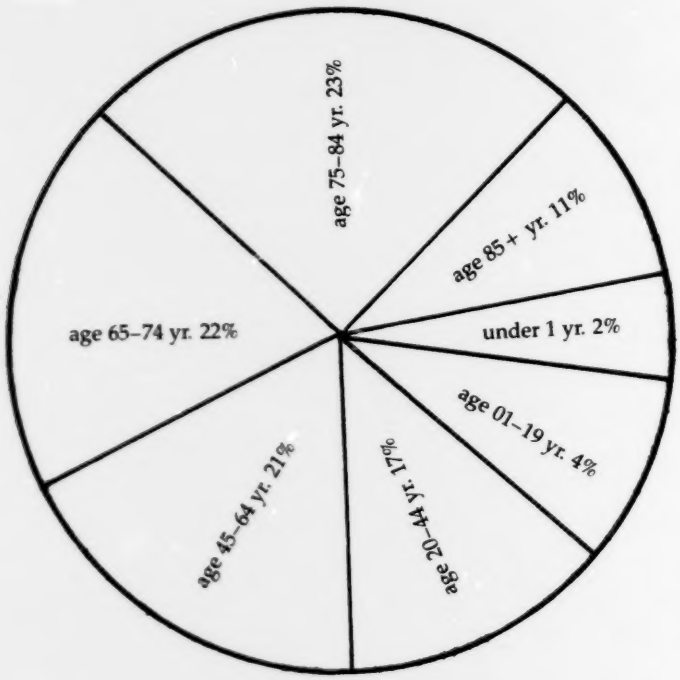
Composition of the provincial Homemaker population by age group care level (rows total 100%)

	PC	IC1	IC2	IC3	EC
Under 65	48.1%	22.0	14.7	6.0	9.2
65–69	61.2%	20.9	10.8	3.4	3.7
70–74	62.1%	20.7	10.3	3.7	3.2
75–79	62.9%	20.9	10.1	3.4	2.7
80–84	60.9%	21.5	11.0	4.1	2.5
85–89	55.1%	22.0	13.5	5.5	3.9
90+	42.4%	23.8	14.1	9.6	10.1
All clients	**57.6**	**21.5**	**11.8**	**4.6**	**4.5**

Table 40

Home Nursing Care Program

Percentage distribution by age groups or patients admitted to the Home Nursing Care Program April 1, 1979–March 31, 1980



Home Nursing Care Program

Percentage distribution by age group and category of patients admitted to the Home Nursing Care Program April 1, 1979 to March 31, 1980

Table 41

Age	Percentage hospital replacement	Percentage non-hospital replacement	Total percentage
Under 1 year	2	1	3
1–19 years	2	2	4
20–44 years	11	7	18
45–64 years	6	9	15
65–74 years	6	20	26
75–84 years	4	19	23
85+ years	1	10	11
TOTAL	32%	68%	100%

Home Nursing Care Program

Percentage distribution and number of Home Nursing Care patients by diagnostic groups in descending order April 1, 1979 to March 31, 1980

Table 42

Diagnosis	Number of patients	Percentage of total patients
1. Circulatory	9,083	17.5
2. Malignant neoplasms	5,647	10.9
3. Accidents	5,628	10.8
4. Gastrointestinal	5,289	10.2
5. Musculoskeletal	3,484	6.7
6. Endocrine	2,851	5.5
7. Skin	2,829	5.4
8. Childbirth	2,760	5.3
9. Symptoms undiagnosed	2,292	4.4
10. Respiratory	2,032	3.9
11. Nervous system	1,803	3.5
12. Gynecology	1,779	3.4
13. Blood disorders	1,210	2.3
14. Perinatal	1,025	2.0
15. Genitourinary	965	1.9
16. Mental disorders	921	1.8
17. Sense organs	865	1.7
18. Nonmalignant neoplasm	727	1.4
19. Infective	486	0.9
20. Congenital	242	0.5
TOTAL	**51,918**	**100.00**

Adult care facilities

84 interim permits and 74 licences issued with capacity of 3,831 to new and existing facilities between December 1, 1980 to November 30, 1981

Table 43

PERSONAL CARE			
New—			
Interim permits	—	Licences	—
Capacities	—	Capacities	—
Existing—			
Interim permits	25	Licences	15
Capacities	523	Capacities	349
INTERMEDIATE CARE			
New—			
Interim permits	13	Licences	17
Capacities	815	Capacities	1,007
Existing—			
Interim permits	8	Licences	10
Capacities	382	Capacities	774
SPECIALIZED RESIDENTIAL CARE			
Psychiatrically Disabled			
New—			
Interim permits	10	Licences	5
Capacities	104	Capacities	39
Existing—			
Interim permits	15	Licences	13
Capacities	245	Capacities	123
Mentally Retarded			
New—			
Interim permits	—	Licences	4
Capacities	—	Capacities	36
Existing—			
Interim permits	10	Licences	7
Capacities	105	Capacities	86
Alcohol and Drugs			
New—			
Interim permits	2	Licences	1
Capacities	10	Capacities	15
Existing—			
Interim permits	1	Licences	2
Capacities	7	Capacities	26

Closures

Table 44

PERSONAL CARE	
Licences	16
Capacities	273
INTERMEDIATE CARE	
Licences	—
Capacities	—
SPECIALIZED RESIDENTIAL CARE	
Psychiatrically Disabled	
Licences	8
Capacities	78
Mentally Retarded	
Licences	6
Capacities	37
Alcohol and Drugs	
Licences	4
Capacities	144

Total of 34 facilities, with a capacity of 532, were closed.

The Provincial Child Care Facilities Licensing Board
1981 statistics

Table 45

	Child minding	Out of school	Nursery	Kinder-garten	Group day care	Family day care	Specialized day care	Residence for children	Specialized residence	Amendments
Interim permits	12	73	39	0	37	75	1	12		6
Capacities	216	418	601	0	657	345	12	76		60
Licences	16	108	41	0	43	138	6	16	1	45
Capacities	292	660	740	0	870	606	70	98	30	120

669 new interim permits and licences with a total capacity of 5,871 in 1981

Table 46

Closures in 1981

	Child minding	Out of school	Nursery	Group day care	Family day care	Specialized day care
Facilities	6	36	6	29	102	2
Capacities	77	468	89	408	44	53

181 facilities, with a total capacity of 1,537, were closed.

Ministry of Health Expenditures

Expenditures by Principal Categories in the Ministry of Health for the Fiscal Year 1980/81

Table 47

	Total Expenditure Fiscal Year Ended March 31, 1981
	$
Minister's Office	204,244
Administration and Support Services	23,872,360
Preventive Services	39,733,614
Direct Care Community Services	261,536,823
Hospital Programs	965,276,999
Medical Services Commission	537,876,762[1]
Emergency Health Services Commission	37,154,274
Forensic Psychiatric Services Commission	4,935,300
Alcohol and Drug Commission	12,805,505
Building Occupancy Charges	29,850,614
Computer and Consulting Charges	2,317,000
	1,915,563,495
Statutory	
Interest on Overdue Accounts	5,101
	1,915,568,596

[1] The expenditure of $537,876,762 shown for Medical Services Commission is the gross operating cost as shown in the detailed statements of the Public Accounts. The actual charge to Vote 119 was $352,335,891 and covered the subsidy by the province for low-income residents and the estimated deficits not covered by premiums and other revenue. Also included in the Medical Services Commission was a charge of $13,501,609 for Dental Care Services which will be shown separately in the Public Accounts.

Detailed Expenditure by Principal Categories in the Ministry of Health for the Fiscal Year 1980/81

Table 48

		Total Expenditure Fiscal Year Ended March 31, 1981
		$
Minister's Office		204,224
Administration and Support Services		23,872,360
Preventive Services:	$	
Preventive Programs	36,284,203	
Grants—Health Services	3,449,411	39,733,614
Direct Care Community Services:		
Long Term Care	168,199,777	
Home Care	12,164,818	
Community Physiotherapy	516,836	
Licensing Boards	537,906	
Mental Health	55,645,968	
Government Hospitals	24,471,518	261,536,823
Hospital Programs:		
Administration	5,317,086	
Payments to Hospitals:		
Claims	916,179,454	
Grants in Aid of Equipment	8,754,673	
Capital and Debt Service	35,025,786	965,276,999
Medical Services Commission:		
Benefits:		
Medical Care	484,945,915	
Additional Benefits	28,567,705	
Administration	24,363,142	537,876,762
Emergency Health Services Commission		37,154,274
Forensic Psychiatric Services Commission		4,935,300
Alcohol and Drug Commission		12,805,505
Building Occupancy Charges		29,850,614
Computer and Consulting Charges		2,317,000
Statutory:		
Interest on Overdue Accounts		5,101
Total, Ministry of Health		1,915,568,596

Medical Services Plan

Financial Statement

Auditor's Report

To the Chairman of the
Medical Services Commission of British Columbia, and

To the Minister of Health
Province of British Columbia:

I have examined the statement of financial position of the Medical Services Commission of British Columbia as at 31 March 1981 and the statement of operations and working capital deficiency for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1981 and the results of its operations for the year then ended in accordance with generally accepted accounting principles, as modified by Note 1 to the financial statements, applied on a basis consistent with that of the preceding year.

ERMA MORRISON, C.A.
Auditor General

Victoria, B.C.
29 May 1981

Exhibit A

Medical Services Commission of British Columbia

Statement of Financial Position

Table 49 — **March 31, 1981**

	1981 $	1980 $
Assets		
Cash	5,120,829	4,197,353
Accounts receivable	1,534,395	1,588,640
Due from the Province of British Columbia	20,000,000	—
	26,655,224	5,785,993
Liabilities		
Bank overdraft	1,419,622	—
Accounts payable	1,566,977	527,503
Premiums received in advance	18,104,034	15,923,522
Estimated liability for unpresented and unprocessed benefit claims	61,500,000	52,500,000
	82,590,633	68,951,025
Working Capital Deficiency—Exhibit B	55,935,409	63,165,032
	26,655,224	5,785,993

The accompanying notes are an integral part of these financial statements.

Approved by the Commission:

Dr. D. M. Bolton, Chairman

Medical Services Commission of British Columbia

Statement of Operations and Working Capital Deficiency for the Year Ended March 31, 1981

Table 50

	1981 $	1980 $
Revenue		
Subscribers' premiums (Note 1)	179,862,707	155,217,061
Province of British Columbia premium assistance	34,903,114	31,456,261
	214,765,821	186,673,322
Expenditure		
Benefits		
Medical care	484,945,915	407,936,214
Additional benefits	28,567,705	23,534,808
	513,513,620	431,471,022
Administration		
Salaries and employee benefits	11,912,554	10,750,191
Data processing expenses	8,472,953	6,356,216
General office expenses	2,773,558	1,723,919
Occupancy expenses	1,204,077	1,052,762
	24,363,142	19,883,088
	537,876,762	451,354,110
Excess of operating expenditure over revenue	323,110,941	264,680,788
Contributions		
Province of British Columbia	330,340,564	258,032,994
	(7,229,623)	6,647,794
Working capital deficiency— beginning of year	63,165,032	56,517,238
Working capital deficiency— end of year—Exhibit A	55,935,409	63,165,032

Medical Services Commission of British Columbia

Notes to Financial Statements March 31, 1981

Note 1

Significant accounting policies

These financial statements have been prepared in accordance with generally accepted accounting principles except that:

(i) Premiums from individual subscribers are included in revenue only when cash is received. Premiums from other sources are recognized as revenue on an accrual basis.

(ii) The cost of furniture and equipment is charged to administration expenses in the year of acquisition.

(iii) No accrual for holiday pay is provided for salaried employees.

Note 2

Prior years' statements were headed Medical Services Plan of British Columbia Operated by and Under the Medical Services Commission of British Columbia.

Forensic Psychiatric Services Commission

Statement of Expenditure
for the Period April 1, 1980 to March 31, 1981

Table 51 **Vote 121**

Expenditure by Standard Classification	$	$
Salaries		3,767,261
Temporary salaries		280,652
		4,047,913
Travel expense		43,457
Professional and special services		709,398
Office expense		25,565
Office furniture and equipment		4,264
Materials and supplies		286,695
Acquisitions—machinery and equipment		8,512
Grants, contributions and subsidies		53,774
		5,179,578
***Less* transfers:**		
Vote 100—salary adjustment	227,387	
Vote 178—employee	6,147	
Vote 185—pre-retirement leave	10,744	
Total transfers		244,278
		4,935,300

Alcohol and Drug Commission

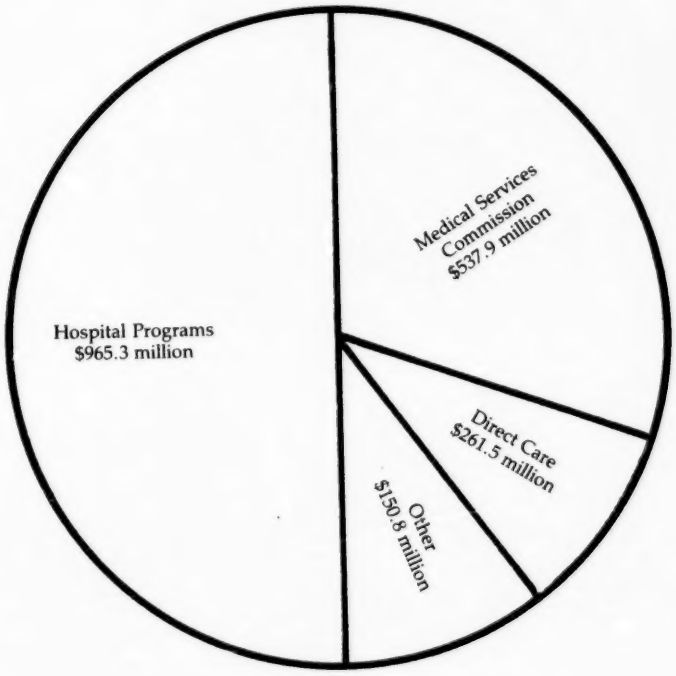
Financial Statement of Expenditures
April 1, 1980 to March 31, 1981

Table 52

By Activity	$	$
Alcoholism treatment and rehabilitation program		8,270,090
Heroin treatment program (net of recoveries)		4,535,415
		12,805,505
By standard expenditure classification		
Salaries—permanent		6,534,302
Salaries—temporary assistance		1,374,717
Travel		157,797
Professional and special services		460,934
Office expense		108,862
Office furniture and equipment		11,342
Materials and supplies		631,770
Acquisition—machinery and equipment		36,629
Grants		5,617,414
Sub-total		14,933,767
Less		
Salary and employee benefit transfers from Votes 100 and 178	101,961	
Subsidy from drug, alcohol and cigarette education prevention and rehabilitation fund	2,021,989	
Other	4,312	2,128,262
		12,805,505

Expenditure by Principal Categories in the Ministry of Health for Fiscal Year 1980/81

Table 53


Medical Services Commission $537.9 million
Hospital Programs $965.3 million
Direct Care $261.5 million
Other $150.8 million

Other:

Forensic
$4.9 million

Alcohol and Drug
$12.8 million

Administration
$56.2 million

Preventive Services
$39.7 million

Emergency Health Services
$37.2 million

Total Health Services in 1980/81 — $1,915.6 million